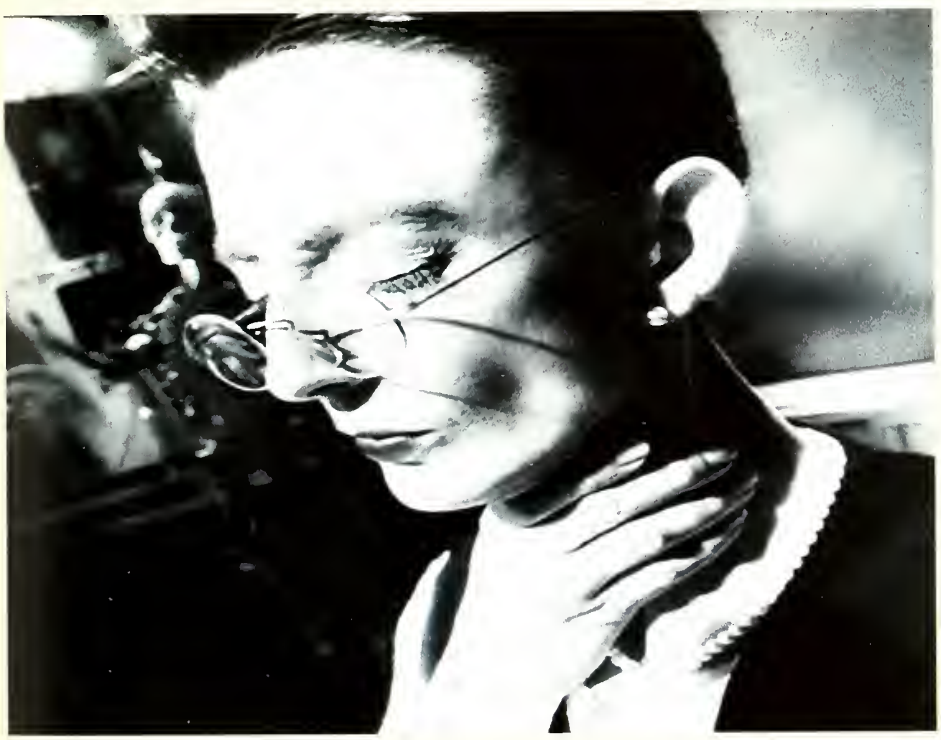
CHEMIST & DRUGGIST

The newsweekly for pharmacy

November 5, 1994



As usual our advertising will be painful to watch.

It's a sight for sore throats. Strepsils are back on TV with our biggest-ever spend and a new commercial. It's on air from December through to March, so stocking up now won't hurt you.

CROOKES Healthcare

Numark unveil grand plan for new era

NPA warns DoH over low fees for welfare milks

PSNI says 'no' to lottery sales

Clitherow tops CPG election list

Drug therapy — it's good to talk

Will winter sales leave you cold?

Just how big a headache is Tension Headache?

The biggest. In fact, 74% of all headaches are Tension Headaches.[1] Which, when you think about the pressure people are under today, makes sense.

What also makes sense, is to recommend a *specific* Tension Headache remedy straight away. And the one to recommend is Syndol.

There is no more effective OTC treatment for your patients. Uniquely formulated for Tension Headache, Syndol contains the powerful analgesic combination of Paracetamol, Codeine and Caffeine, plus Doxylamine Succinate to ease muscle tension and bring fast relief (a clinical study showed that in 97% of Tension Headache attacks, Syndol started to work within 30 minutes).

It is a Pharmacy medicine, is strongly supported, creates extra-ordinary loyalty, and powerful word of mouth recommendation.

Get the benefit. Display well, recommend at once, and above all don't get caught out of stock. That's a headache you could do without.

You can't recommend more powerful relief.

(1) National Headache Survey, Gallup 1993

INFORMATION FOR PHARMACISTS: Each tablet contains Paracetamol BP 450mg, Codeine Phosphate BP 10mg, Doxylamine Succinate USNF 5mg, Caffeine BP 30mg. **USES:** Treatment of mild to moderate pain and as an antipyretic. Symptomatic relief of headache, including muscle contraction or tension headache, migraine, neuralgia, toothache, sore throat, dysmenorrhoea, muscular and rheumatic aches and pains and post-operative analgesia following surgical or dental procedures. **DOSAGE AND ADMINISTRATION:** Adults and children over 12 years: 1 or 2 tablets every 4-6 hours as needed. Maximum 8 tablets in 24 hours. Not recommended in children under 12 years. **CONTRA-INDICATIONS, WARNINGS ETC.:** Contra-indications: Idiosyncrasy to any of the ingredients. Precautions. May cause drowsiness. If affected, do not drive or operate machinery. No data available in pregnancy: avoid use. Side-effects: Drowsiness or dizziness, mild constipation, agranulocytosis rarely. Overdose: Paracetamol overdose can cause liver and kidney necrosis. Immediate medical referral is essential. **LEGAL CATEGORY:** P. CD (Section 5) (not prescribable under NHS). **PRODUCT LICENCE NUMBER**: PL4425/0018. **PACKAGE QUANTITIES, PRICE:** Pack of 10 tablets £1.65. 20 tablets £2.85. 50 tablets £6.08. **DATE OF PREPARATION**: September 1994. Full prescribing information is available from licence holder: Marion Merrell Dow Limited, Lakeside House, Stockley Park, Uxbridge, Middlesex UB11 1BE.

CHEMIST & DRUGGIST
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Comment

So, Numark has finally unveiled its plans for a retailer-led organisation (see **Business News**, p754). Numark has certainly been busy restructuring the company — if it wasn't meetings with lawyers, it was with accountants, management consultants or the Office of Fair Trading. Directors only dotted the final 'i's and crossed the final 't's on October 27. And the result? A comprehensive proposal for UK independent community pharmacists. And there lies the crux — only independents will be eligible to be shareholders in the new company.

Actually, the new Numark won't be a company in the strict sense of the word. It will be launched as an industrial and provident society, the form that Unichem took before it went public. But it is this comparison with Unichem that Numark managing director Terry Norris is anxious to shake off. He has no plans for the VTO to follow Unichem's route and apply for a Stock Exchange listing.

What Mr Norris offers is a chance for retailers to have a say in running their own VTO. If over 1,200 club together, they will be the UK's largest retail pharmacy chain and will benefit from the massive buying muscle that goes with it. Numark, however, has gone for the more modest target of 800 pharmacies.

Although the deal for retailers seems lucrative enough on paper — a rebate on own-brand goods and OTC buys, a new generics deal, revised banking terms, etc — when it comes to putting hands in pockets, who knows what will happen? Retail members who don't want to be shareholders will pay £250 a year. For those that sign up, there's a minimum investment of £900 plus a £480 annual fee. But when it's a decision of writing a £1,380 cheque to Numark or spending the same amount on fixing leaky guttering, it's all too easy to look to the short-term.

However, it's the long-term rather than the short-term viability of independents that Numark is about. And to bring some new blood into the team John Irish comes on board as chairman. As an ex-chairman of the Spar grocery VTO, he promises both sets of experiences will rub off on the new Numark. After all, he's in good company. Numark's founding managing director, Arthur Trotman, was a retailer too — once Co-op retail general manager.

Pharmacists have little option but to become healthcare retailers of the highest order. As Lloyds, AAH and Unichem move in to take independent retailers and wholesalers out of the market, the new Numark may be the 'last chance saloon' for small community pharmacies.

NPA confronts DoH over welfare milk fees

Pharmacies will not participate in welfare food schemes unless the fee is reasonable, the National Pharmaceutical Association has warned.

"While we realise the Department of Health must keep a close eye on overall costs, we do not believe that providing the service as a retail loss leader, while relying on the manufacturers' margins, is in the interests of consumer access," writes Mary Allen, the NPA's professional and information services manager, in a letter to the Department.

The DoH recently made a fee offer which the Pharmaceutical Services Negotiating Committee rejected as insulting. PSNC told *C&D* last week that a few administrative issues still had to be resolved, so fees were unlikely to be discussed again until December.

The NPA's letter explains that infant formula manufacturers supply to health authorities and trusts at much lower prices than those available to pharmacies. Because of this 'uneven playing field' some authorities will continue to supply through clinics, possibly discouraging local pharmacies from taking part.

But distribution through pharmacies is more convenient than through clinics and provides unique access to a health professional, Mrs Allen writes.

Local pharmacy schemes have collapsed recently because of lack of health authority funding or the DoH's refusal to reimburse them at a realistic cost, the letter continues.

The Department has indicated that cost reimbursement to pharmacies will be trade price minus 10 per cent, but the fee offer has not yet been made public.

The NPA says that the fee should reflect the work involved, both in administering the scheme and providing advice, but the savings made in health authority administrative costs and capital tied up in stock should result in pharmacy schemes being cost effective.

The NPA would also like the scheme to be extended to second stage milks suitable for older babies.

Norman Sampson, a community pharmacist for over 35 years, has been appointed chairman of Leicestershire Family Health Services Authority, following the retirement of Dr Gwilym Edmondson-Jones. Formerly vice-chairman, Mr Sampson has been a member of the FHSA since its inception. Initial plans for his new position include a greater emphasis on health promotion. "We strive for improvement in the delivery of care [and] must advance health education so that people can maintain and improve their own health," he says. Mr Sampson trained at the Leicester Technical College school of pharmacy

Library service spreads its wings

A pharmacist from Stalybridge, Cheshire, who has developed his own in-store health information library, is developing the service so that it can be provided through other pharmacies.

Michael Johnson has been offering customers to the Kenyon Pharmacy a selection of 200-plus information leaflets along with a selection of titles from a video library (*C&D*, February 26, p350).

An expanded service is to be piloted through 12 pharmacies in Tameside FHSA, helped by small grants from the Authority, North Western Regional Health Executive and Glaxo. If successful, the library service, which has been christened 'Inphorm', will be put on a commercial footing next year.

Each outlet will be offered a core catalogue of 66 of the most appropriate titles displayed in two revolving stands. A supplementary catalogue of the next 200 most useful leaflets will be provided in smaller quantities in polythene pockets.

A full catalogue of all available leaflets, books, posters and over 600 videos can be supplied on request. The package includes a database of health charities and self-help groups to which a pharmacist can refer customers.

Each outlet gets an eight-weekly call from a representative to keep the stand stocked, and to assist with any problems.

The pilot will run for three months until next February, after which usage of the various leaflets will be assessed and the participating pharmacists interviewed.

Mr Johnson says feedback from his pilot sites suggests that the majority will consider paying for the service, although he has yet to fix a price. Manufacturers have supplied the quantities of leaflets needed for the pilot without difficulty. Those from other sources have to be bought.

Anyone interested in Inphorm can contact Mike Johnson on 0457 874990. The pilot is being launched on November 7.

Case for medical use of cannabis still open

Under Secretary of State for Health John Bowis has revealed that the case for making cannabis available for medical use is still open.

In a written answer, Mr Bowis notes that the Government intends to consider carefully the points put to it by the pro-medical cannabis lobby group Alliance for Cannabis Therapeutics (ACT). However, he notes that any consideration of its use in a medical situation would have to take account of the potential risks of short and long term use.

• ACT is also to survey the use of, and benefit derived from, medical cannabis use.

The two month questionnaire, which partners an identical US poll, aims to separate anecdotal evidence for the benefits of cannabis from fact, says UK study co-ordinator Dr Roger Pertwee at Aberdeen University.

"Many MS sufferers self-medicate with cannabis and claim to derive considerable benefit from it. We want to find out if it is as good as is claimed and how it compares with conventional drugs for this condition."

Following the survey, clinical trials will take place.

DoH pioneers primary care guide

The Department of Health has published its first 'Health of the Nation' guidance booklet for the primary care professions.

The booklet, 'How you can help to improve the Health of the Nation — an introductory booklet for the primary health care team', outlines the five 'Health of the Nation' areas and examines how pharmacists can advise on health promotion.

One example given in the booklet highlights the Barnet High Street Health Campaign, which offered training in health promotion and exercises in communication. Almost half of Barnet's pharmacies have taken part.

The guide notes that pharmacy [illegible] resource is not always used to its full extent.

Pennies from Malone, but not for pharmacy

Primary care in London is to benefit from a massive cash injection, but pharmacy is not to see a penny of it.

The Department of Health has unveiled a £120 million programme of educational initiatives "to help improve the quality of primary care in London", says the Health Minister Gerald Malone. The spend represents the "first fruits" of an initiative designed to "invest in our most valuable resource — family doctors in London" and to:

• fund over 700 new premises developments
• train up to 80 community-focused GP tutors
• fund up to 400 GPs each year to engage in programmes of professional development
• fund 30 full and part time honorary lecturer posts to focus on wider general practice developments in the London Initiative Zone.

No similar spends have been allocated for pharmacy.

Commenting on the initiative, Hemant Patel, founder of the Thames group of London LPCs says: "I am very surprised that pharmacy has been sidelined in this way at a time when it is capable of making a great contribution. The Department pays lip service to community pharmacy as part of the healthcare team but it should be included in the core team if it is to make a contribution later on."

• A health centre and major outpatient department is to open in East Ham, offering a five GP practice, community child health and dentistry services, outpatient clinics, a specialist diabetic unit, X-ray and ECG equipment and a breathing and blood testing unit.

PSNI Council comes down on lottery sales in pharmacy

The Council of the Royal Pharmaceutical Society of Northern Ireland is recommending that pharmacists do not sell lottery tickets.

But pharmacies — whether independent or part of a chain — are under no legal or ethical obligation to adhere to the PSNI's recommendation. Says secretary Derek Lawson: "At the end of the day, we are a professional body which can advise members. But members are supposed to be capable of making professional decisions for themselves."

Furthermore, given legal precedent in this area, Mr Lawson doubts the PSNI could enforce such a ruling. "[This] would require us going to court and I have my doubts about winning the case," he says.

The Council's decision is based on two negative aspects of lottery sales: firstly, that large crowds on the lottery draw day could make public access to pharmaceutical services difficult in a small pharmacy; and secondly, that participation in the lottery "would be seen as being a rather dirty, commercial exercise by other health professionals", says Mr Lawson.

However, it is anticipated that small pharmacies would not be acceptable as outlets for lottery tickets as lottery organisers are opting for businesses with big turnovers of consumers, he says.

- The Society has stocks of special ties for Northern Ireland pharmacists, in either navy or black background, price £10.

Both sides will be heard on Clothier

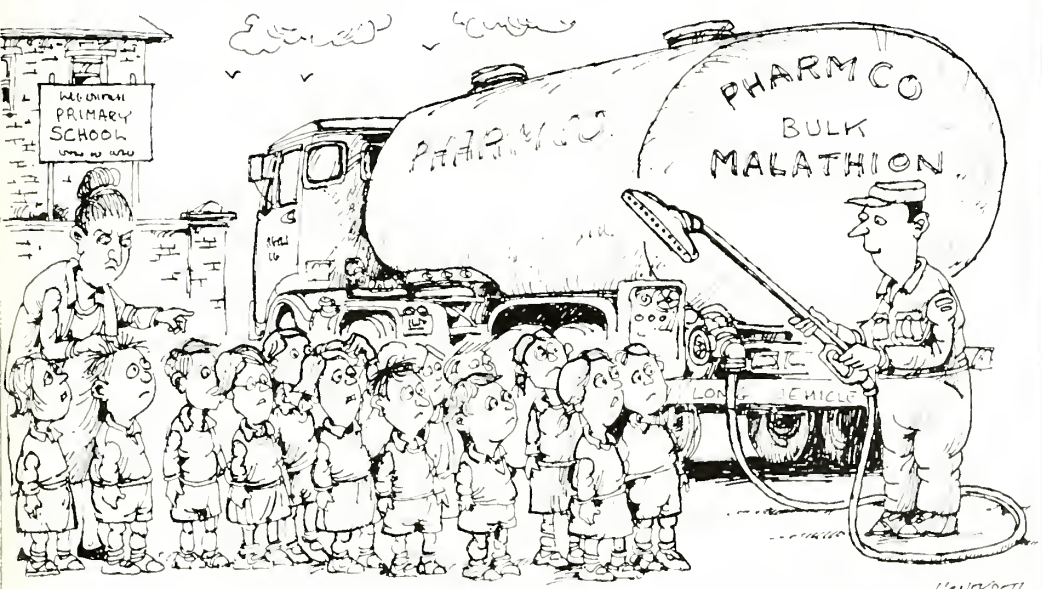
The Government has given an assurance that the views of pharmacists and dispensing doctors will be taken into account before any changes are made in the existing regulations governing their activities.

The Countess of Mar, patron of the Dispensing Doctors' Association, raised the issue in the House of Lords last week. She asked if the Government accepted that an error was made in the drafting of regulations 4 (2)(b)(ii) of the NHS (pharmaceutical services) regulations 1992 (SI 1992 No 662).

Baroness Cumberlege, junior Health Minister, replied: "The regulations have been approved by Parliament. The Government is aware that both the medical and pharmaceutical professions have concerns about the rules. While the Government is not ruling out a change in the regulations, any such change addressing the concerns of one profession would be made only after considering the representations of the other."

- Dispensing doctors may find it easier to obtain their threatened judicial review of the Clothier regulations following a simplification of the review process.

The Law Commission has recommended a more informal and more open approach to proceedings which, if adopted, could cut waiting times by as much as half.



HOVEYSETT.

Lobby for bulk scripts, GPs told

East Sussex GPs seeking to bulk prescribe headlice lotions have been told to lobby their MPs.

However, care must be taken not to deprive local pharmacists of any dispensing fee income, the local family health services authority has warned.

The advice follows an incident involving a Hove GP, who considered prescribing a child 300ml of malathion, but was advised of the bulk prescribing regulations by East Sussex FHSA.

However, GPs are worried that patients faced with multiple prescription charges will skimp on, or avoid, treatment.

Recognising the seasonal nature of the problem and the fact that correct dosage — for the whole family — is vital, East Sussex FHSA admits that the regulations as they stand present GPs nationwide with a problem.

Says pharmaceutical adviser Erica Barrie: "The normal thing to do about getting changes made to regulations is to let the powers that be realise that they [the regulations] are causing problems. Lobbying is one solution."

But she says pharmacists' dispensing incomes must be protected. "The dispensing fee must not be altered as it represents the only source of income for a pharmacist and we can't expect that to be taken away.

"GPs are paid *per capita*, but until pharmacists are paid like that it would be unfair to change a regulation to one that reduces their income."

Pharmacists, she adds, have an important role to play in ensuring the correct lotion is used in accordance with any rotational policy.

Jeremy Clitherow, his wife Pat (left) and daughter Helen stand proudly outside the gates of Buckingham Palace after a recent ceremony honouring Mr Clitherow with the medal of the Member of the Order of the British Empire for his services to the people of Liverpool. Since accepting the award, Mr Clitherow has also received an acknowledgement from Secretary of State for Health Virginia Bottomley for his efforts in promoting health to the community. Mr Clitherow has been a community pharmacist for 27 years and is currently an NPA board member, secretary of Liverpool Local Pharmaceutical Committee, an FHSA member and chairman of the district drug advisory committee

Community Group post election results

Seven candidates have been elected to form the first committee of the Community Pharmacists Group.

The committee members are:

- NPA Board member and Liverpool LPC secretary, Jeremy Clitherow
- Newcastle LPC chairman and FHSA member, Richard Flynn
- Branch committee member and Young Pharmacists Group vice-chairman, Nicola Gray
- Branch chairman and National Association of Women Pharmacists executive member, Patricia Hoare
- Chairman and director of Provincial Pharmacy Locum Services, Mark Koziol
- Avon LPC member and Pharmacy Support Group member, Susan Ramsdale
- Barnet LPC vice-chairman and FHSA standing joint pharmaceutical committee member, Gerald Zeidman.

Of the 21,638 voting papers distributed, there were 4,554 returned and 4,528 valid papers counted. There were 24 candidates standing for election.

Blood pressure guidelines are 'outdated'

An independent review of the Royal Pharmaceutical Society's blood pressure measurement guidelines has found them outdated and in need of immediate change.

The Society's guidelines, which were introduced in 1986, have been examined by Professor Larry Ramsay, professor of clinical pharmacology and therapeutics at the University of Sheffield and director of a Sheffield hypertension clinic, who finds them "badly out of date".

The review was prompted by *GP* magazine reports that pharmacists abiding by the Society's current guidelines would not be referring patients at serious risk of stroke or heart disease.

The family doctor magazine notes a conflict between RPSGB guidelines and those of the British Hypertension Society, the latter being published in the *British National Formulary*.

These state that all patients with diastolic pressure over 90mmHg should receive life style advice and/or drug therapy; that BP warrants treatment when diastolic is 100mmHg or systolic pressure is 160mmHg (even in the absence of vascular complications, diabetes or end organ damage); and that elderly patients warrant aggressive treatment.

Having analysed the protocols, Professor Ramsay says: "It is clear that they should be changed. New evidence has overtaken what was considered to be conventional wisdom at the time."

Three areas have been particularly highlighted as in need of updating:

- device accuracy
- the acceptability of higher diastolic pressure with increasing age
- the absence of systolic pressure measurement.

Professor Ramsay notes that manufacturers should be required to show that machinery satisfies the British Hypertension Society guidelines; that the need for diastolic pressure control becomes greater as age increases; and that systolic measurement is equally as important as diastolic.

The RPSGB says it may debate some of these points.

Eczema move

The National Eczema Society has moved to 163 Eversholt Street, London NW1 1BU. Tel: 071 388 4097.

Scottish blacklist

The NHS Health Service (General Medical and Pharmaceutical Services) (Scotland) Amendment regulations 1994 SI2624 (S133) bring the Scottish Selected List into line with that for England and Wales (*C&D* October 22, p644).

PSNI fellowship

The Pharmaceutical Society of Northern Ireland is accepting applications for fellowship members of the Society. Nominations should be received at the PSNI by November 21.

Vaccine research

In a written answer about the use of aborted foetal material in measles and rubella vaccines, the Department of Health notes that industry is not actively seeking other culture media. No additional foetal material has been used in rubella vaccines since 1966.

PHS emergency

The Pharmacy Healthcare Scheme has published a new information leaflet on emergency contraception to tie in with a nationwide campaign running throughout November and December. The leaflet offers facts and answers to the most often asked questions.

Generic blacklisting

To clear up any confusion *C&D* may have caused, blacklisted items whose generic name is a British Approved Name or is in an official monograph, may be prescribed generically provided the generic name is also not blacklisted.

Harassment charge brings chain boss to tribunal

The pharmacist boss of a chain of Doncaster pharmacies made repeated unwanted sexual advances to a female assistant, a Sheffield industrial tribunal was told on October 24. And it was alleged that when the woman finally confided in a senior manager in the company, she discovered that similar complaints had previously been made.

Louise Wright, 34, of Woodlands, Doncaster, is claiming that the persistent sexual harassment made her ill and eventually forced her to quit her job.

But Ian Sarjantson, 48, also of Woodlands, Doncaster, denies all the allegations.

Mr Sarjantson owned six pharmacies in the Doncaster area until he sold them in May this year.

Mrs Wright told the tribunal that for the last six months of last year she worked alone with Mr Sarjantson at the Woodside View branch of the company. She said that, on several occasions, Mr Sarjantson had grabbed hold of her, pulled her towards him, or grabbed her from behind, touched her breasts, and once pressed himself into her back. Each time she had been very frightened and asked him to stop, making it clear his attentions were not welcome. His response was to send her to Coventry and to create an unpleasant atmosphere at work.

Mrs Wright also alleged that Mr Sarjantson made a number of suggestive remarks to her.

Ronald White, 57, pharmacy manager of Mr Sarjantson's Princess Street branch, told the tribunal that Mrs Wright had come to him in a distressed state. "She said Mr Sarjantson had touched her. I said 'Oh no, it's happening again is it?' Three other female members of staff had also told me this had happened to them in the past," said Mr White.

But Mr Sarjantson denied that any complaints had ever been made against him, and painted a different picture of his time spent working with Mrs Wright. He said she had brought strawberries and cream into the shop for them to share on several occasions during Wimbledon fortnight, and accepted a lift in his Rolls-Royce.

Mrs Wright claimed that another incident took place on Christmas Eve which resulted in her making up her mind to leave. When she returned to work after Christmas, Mr Sarjantson told her he was cutting her hours. The Citizen's Advice Bureau advised her to leave her job immediately, which she did.

But Mr Sarjantson's recollection of events was different. He told the tribunal: "On December 31 she asked me about the possibility of full-time work. I had to inform her then that from the New Year I would be implementing a change of hours, which would mean her finishing at 12.30 instead of 1pm.

"She shrugged her shoulders and accepted it, but telephoned later and asked me tearfully why I had cut her hours. I'd already told her that in the following year I needed to cut costs."

Under cross-examination, Mr Sarjantson agreed that Mrs Wright was the only member of his staff to have her hours cut, but said he was doing this as a test case to see what savings could be made in other shops. The hearing was adjourned until January.

Ayrshire diabetic needle scheme

Diabetics in Ayrshire can now get pen device needles from their local pharmacy at no cost to the patient or pharmacist, thanks to a cash injection from the Ayrshire and Arran health board.

The scheme, which is costing the board around £30,000, involves all 93 pharmacy contractors in the area.

Diabetics have to register with the pharmacy that supplies them with insulin and the pharmacist must then keep a tally, on the patient medication records, of all needles supplied.

At the end of the month the pharmacist can claim back both a dispensing fee and re-imbursement from the health board.

Andrew McLaughlin, chief administrative pharmaceutical officer for Ayrshire and Arran Health Board, says the scheme will run indefinitely or until funds run out. "I am hoping the Government will put the needles on the Drug Tariff," says Mr McLaughlin.

The scheme was initiated by the Health Board, which approached the pharmaceutical office for a system of providing diabetics with free insulin pen device needles. Prior to this, diabetics had to buy the needles.

Lothian links with GPs

Lothian Health Board is funding training to help pharmacists liaise with GPs.

Ten participating pharmacists are to be paid £300 each for providing prescribing advice, including six visits to local GP practices. "It's going to involve a lot of work on the pharmacists' part as there will be preparation for classes and GP presentations," says pharmacist facilitator for Lothian Pauline Westwood.

However, providing the service will count towards a local primary care accreditation scheme.

The pharmacists will receive training in how to communicate three specific 'messages' to GPs, including the rational use of antibiotics and the differences between modified release preparations. The third message will be decided at the end of the session in March.

Training in presentation skills will run until this time, during which GP meetings will be conducted. The effects of the scheme will be evaluated, in particular its impact on prescribing patterns.

Northern Ireland Notebook

On your Numarks

If my calculations are correct, nearly one-third of all Numark members are in Northern Ireland. With less than 5 per cent of the UK pharmacies here, I wonder why Numark has proved so attractive? Perhaps this reflects more the efficiency of Haydocks — the previous wholesaler — in attracting members, who have, by default, remained in the Numark fold.

Currently a pharmacy is listed as a Numark member if it pays an annual fee, but that does not equate to loyalty to the brand. Independent pharmacists will cherry-pick for best prices — that's the name of the game. It is to change this habit that has led Numark to alter its structure and offer more benefits for greater loyalty.

I am impressed with the boldness of the initiative which, I understand, is based on an Australian pharmacy trading model. Letting pharmacists own the company through shareholding should increase their commitment and, in theory, members will benefit from incentives which will quickly repay their cash contribution.

Under the current system, Numark deals appear to be available to all

Certainly the buying power of even 1,000 committed pharmacies would be a considerable force, providing negotiating muscle comparable to Boots.

I will be looking very carefully at the Numark proposal. I appreciate that to get the benefits I will need to return loyalty. Therefore I will be searching for a clear indication that becoming a Numark shareholder will be of real benefit to my business.

The Numark board needs to be clear that its members are competing not only with the multiple pharmacy groups and grocery chains but also with other independent pharmacies — which includes Numark members.

I would therefore need to be sure that if I commit more shelf facings, alter my fascia and decor and buy shares, non-committed independent pharmacies will be denied the benefit of low-price deals. Under the current system, Numark deals appear to be available to all. Now that Numark is about to turn full circle I am left wondering why the concept didn't work the first time when the NPA set it up ...

Written by a practising Northern Ireland community pharmacist.

An answer to a prayer

For a long time I have advocated the beneficial effects of cod liver oil, but I am now worried that the stocks of cod in the oceans cannot sustain this rapid growth in demand, and that, if my green credentials are not to be tarnished, I should curtail my enthusiasm. This was a conundrum which appeared insoluble. Insoluble, that is, until last week when I read that Scotia Pharmaceuticals is planning to source EPA and DHA from micro algae grown in photobioreactors (*C&D* **Business News** October 29).

Out of the blue (or green), an answer to my prayers. If production and marketing proceeds with speed, then I may soon be able to recommend bio-engineered supplements for the prevention of cardiovascular disease, while continuing to encourage my arthritic patients to consume the genuine article.

Leading questions ...

In any test of public opinion the question is always more important than the answer. This was exemplified by a recent NOP survey on public preferences for doctor dispensing (*C&D* October 29, p689).

The poll was commissioned by Dr Steven Ford, a dispensing doctor. Surprise, surprise, the survey found the majority of those questioned indicated a preference for GP dispensing! We are not, however, given details of the questions.

In a recent public opinion survey on attitudes to public transport, there was almost unanimous support for an expanded public transport system, but an equally unanimous vote against using it in preference to personal vehicles. This result can be used equally to support the expansion of public transport or its total elimination in favour of the motor car!

Similarly, I could commission NOP to survey the public to determine their preference for a comprehensive distribution of community pharmacies in all areas, or no pharmacies at all. I will not waste my money, but the inevitable result could be used to totally confound Dr Ford's survey and would be equally pointless. When will dispensing doctors desist in their pitiful attempts at self-justification and co-operate with pharmacists to provide the comprehensive health service many rural patients are presently denied?

A costly option

I regularly dispense co-danthramer suspension, but rarely the forte strength. When asked to fill a script, I was pleased to find a full bottle in its appointed place. I was not so pleased to discover, when its replacement arrived from the wholesaler, that the price had risen from a very high £18.54 to a ridiculous £28.69.

The same patient also presented a prescription for MST suspension sachet. My curiosity aroused, I checked on the relative prices of MST products and, wow, what a surprise! This patient was on 100mg sachets at a colossal £99.07 for 30. That was bad enough, but when I then compared the costs of all the high strengths between tablets and sachets I found that Napp is effectively charging £100 for 3 grammes of morphine. Now, the Tariff price is only £12.50 and, although I am unfamiliar with non-pharmaceutical prices, I suspect it might also be cheaper on the street!

I realise that Napp is operating in a specialist market, but these prices do seem excessive. The technology for producing the sustained release formulation must be similar across a given range of products. Co-danthramer suspension has been on the market for donkey's years so why the ultra high cost and why no saving in cost on MST products as the strength increases?

I may be old-fashioned, and do understand the convenience of MST presentations, but these costs are exorbitant. Perhaps a properly formulated Brompton Mixture might be as well suited to many patients while being immeasurably better for the stretched resources of the NHS budget.

Bric-a-brac offers profit

After ten minutes of careful counselling I sold a customer a bottle of Franolyn Expectorant. This has a profit on return after wholesaler's discount of 36 per cent, which by present standards is probably above average for many medicines.

Then I opened my 'Vantage News' to be greeted by the headline 'Vantage goes for greeting cards'. In contrast to my medicine sales, greeting cards offer me a fast turnover, no counselling and a POR of up to 55 per cent. Is it any wonder that many pharmacies resemble an Aladdin's cave when profit margins on bric-a-brac are half as much again as those available for our specialist professional services?

I have so far resisted this temptation, but I can understand the pressures that tempt many pharmacists into diversification. Vantage is not the culprit — it is merely responding to market demands. The real villain has to be an NHS system which is squeezing the profitability of professional pharmaceutical services to the point where front shop subsidy now requires as 55 per cent POR on all its sales in order to survive.

Topical REFLECTIONS

Medicalmatters

Lapsed users of HRT blame side-effects

Many post-menopausal women discontinue hormone replacement therapy (HRT) despite ongoing menopausal symptoms, and many do so without informing their GP, according to the results of a national survey.

The research, commissioned by Cilag, investigated why women fail to continue with HRT despite its long- and short-term benefits. Over 500 women were interviewed, of which approximately half were lapsed users.

Over a third of lapsed users stopped taking the treatment due to side-effects, including a return of periods. However, more than four out of five lapsed users believed they were still suffering from menopausal symptoms, particularly hot flushes. More than a third stopped taking HRT without telling their GP.

Although 80 per cent of the women surveyed agreed that they should have a say in the type of HRT prescribed by their doctor, in practice 70 per cent reported that their GP chose the type of HRT without any patient input.

Dr Margaret Rees, a specialist in gynaecology, says women appear to give up prematurely without realising that there are several types of HRT available, one of which may be more suitable for them. This is probably a reflection of the fact that different treatment options were not discussed by GPs with 57 per cent of those surveyed.

However, GP Dr Sally Hope cautions against changing HRT regimens too soon. The survey found that 23 per cent of current users and 32 per cent of lapsed users switched to a second HRT preparation within the first three months. Dr Hope believes this is "too early to allow a proper therapeutic trial ... you need to persevere for at least four months to allow the unwanted side-effects to subside".

In her opinion "not fully involving the women in the pros and cons of the different treatments" means they will have less understanding of the likely short-term side-effects, leading to reduced compliance.

All ethnic groups are vulnerable to schizophrenia

A new study in the *British Medical Journal* refutes the view that schizophrenia is more prevalent among African Caribbeans living in Britain than among other ethnic minority groups and the white population.

The study of the annual incidence of psychosis among different ethnic groups found that the incidence of schizophrenia was higher among all ethnic groups — not just black Caribbeans. Members of all ethnic minority groups are more likely to develop a psychosis, but not necessarily schizophrenia.

The authors concluded that the current focus on schizophrenia in African Caribbeans is misleading, as all ethnic minority groups are vulnerable. Although they admit that there is a biological element to psychosis, the authors attribute the higher incidence, in part, to the personal and social pressures of belonging to any ethnic minority. The sources of stress on these groups include discrimination, racism, cultural changes and poor living conditions.

Stroke mortality decreasing

Deaths from stroke have fallen markedly in recent decades, with an average annual decline of up to 7 per cent since 1970.

Datamonitor's new epidemiology series on cardiovascular disease has revealed that mortality rates are declining in Britain at the rate of 3.3 per cent per annum. However, this figure does not compare favourably to the declines in France, Germany, the US and Japan.

There is enormous variation in mortality rates — in Bulgaria it is estimated that 24 men and 14.4 women per 100,000 will die from strokes each year, while in Switzerland the corresponding rates are 2.9 men and 1.8 women.

Approximately 100,000 first ever strokes occur in Britain each year but, based on recent trends, the incidence rate in the UK is predicted to show a continuing fall.

Promising phase I results with new cancer drug

Phase I clinical trials of a new biological cancer drug from British Biotech have produced promising results. In a random double-blind, placebo-controlled trial carried out in 36 healthy volunteers, the drug BB-10010 was well tolerated at all doses.

BB-10010 is designed to be used with chemotherapy. The phase I trial confirmed results of earlier pre-clinical studies, which found that the drug mobilises white blood cells into the bloodstream.

Its potential clinical uses are to protect blood stem cells from damage during chemotherapy (stem cells are the precursors of all blood cells), and to mobilise stem cells from their normal location in the bone marrow into the bloodstream, where they could be 'harvested' before chemotherapy and replaced afterwards.

This could replace the current invasive procedure of bone marrow transplantation. Using BB-10010 may also allow higher doses of chemotherapy to be given without an increase in toxic side-effects.

The next patient study of the drug has already begun and involves cancer patients.

Aciclovir

The generic name of the anti-viral agent aciclovir is now spelt with an 'i' instead of the former spelling with a 'y'. The new spelling is legally required under new EC regulations. Aciclovir is the active ingredient in Zovirax Cold Sore Cream. **Warner Wellcome Consumer Healthcare. Tel: 0703 641400.**

ACBS approval

Lifestyle Gluten Free High Fibre Bread 400g has been approved by the ACBS for the following conditions: gluten sensitive enteropathies, including steatorrhoea due to gluten sensitivity; coeliac disease; and dermatitis herpetiformis. The basic NHS price for 400g (unsliced only) × 6 is £11.76. **Ultrapharm Ltd. Tel: 0491 578016.**

Pulmicort recall

The original recall notice issued by Astra for batches of Pulmicort LS inhalers 50mcg/dose (**Script Specials**, October 22, p648) did not include details of Batch UC64A. Stocks should also be returned to supplier for credit or replacement. A customer services line has been set up by the company to deal with inquiries. **Astra Pharmaceuticals Ltd. Tel: 0923 271000.**

Epilepsy Freephone

The British Epilepsy Association's telephone advice line goes Freephone from November 2. The Epilepsy Helpline and National Information Centre were introduced six years ago and have provided advice on epilepsy and related issues to over 100,000 people. **Tel: 0800 309030.**

Ethnobotany book

Ethnobotany and the Search for New Drugs is a new book based on a Ciba Foundation Symposium. It looks at the issues surrounding drugs derived from plants, traditional medicine in various countries, ways of conserving natural habitats, the application of patent laws and the role of industry. The 280-page book costs £47.50. **John Wiley & Sons Ltd. Tel: 0243 770570.**

Noroxin deletion

Merck Sharp & Dohme has decided to discontinue Noroxin (norfloxacin 0.3 per cent), the ophthalmic anti-infective. The decision applies to the UK only and was made for commercial reasons. The company suggests two alternative ophthalmic 4-quinolones: Ciloxan (ciprofloxacin) and Exocin (ofloxacin). **Merck Sharp & Dohme Ltd. Tel: 0992 467272.**

Glucotide strips

Glucotide tests strips are available on NHS prescriptions from November 1. The strips, which are used with the Glucometer 4 blood glucose meter, only require a tiny amount of blood for each test and have a unique cup design which will help users locate the correct area. **Bayer Diagnostics UK Ltd. Tel: 0256 29181.**

Zeneca genetic tests

Zeneca's Cellmark Diagnostics business has been appointed as the exclusive European distributor of diagnostic products which can detect Down's syndrome and other foetal chromosomal abnormalities in less than six hours. The Gensite product, which uses a sample of maternal blood to evaluate chromosomal abnormalities in the foetus, will be launched in Europe in 1995. **Cellmark Diagnostics UK. Tel: 0235 528609.**

Ikorel packs

Ikorel (nicorandil), the new anti-anginal, is available in packs of 30 tablets and not 60 as reported last week (**Script Specials**, p700). The basic NHS prices for the 10mg and 20mg strengths are £5.83 and £9.94 respectively. **Rhône-Poulenc Rorer Ltd. Tel: 0323 721422.**

LOCK UP EVEN MORE SUCCESS WITH UR £3 MILLION AUTUMN SUPPORT

Warner Wellcome
CONSUMER HEALTHCARE

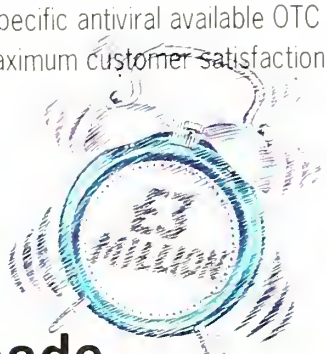
The pharmacy brand of the decade
virax Cold Sore Cream has already smashed the £15
ion barrier. It's now the 8th highest turnover OTC
nd in pharmacy.*

£3 million national campaign starts October
're clocking even more national support so you
clock up more success.

Eye-catching P.O.S. displays
Maximise your sales by prominently displaying one of the most profitable and fastest-selling products in pharmacy.

The only specific antiviral available OTC
Treat the tingle and the cold sore may never appear. So recommend the only effective specific antiviral available OTC - Zovirax Cold Sore Cream for maximum customer satisfaction.

ZOVIRAX*
COLD SORE CREAM
Aciclovir



The POM to P Brand of the decade

ENTIAL INFORMATION PRESENTATION 5% w/w aciclovir in water miscible cream base. **USES** Cold Sore treatment. **DOSAGE AND ADMINISTRATION** Apply 5 times a day for 5 days. It is important to start ment as early as possible after the start of an infection, ideally during the tingle phase. If healing has not occurred, treatment may be continued for up to an additional 5 days. **CONTRA-INDICATIONS, WARNINGS, ETC** *tra-indications* Zovirax Cold Sore Cream is contra-indicated in patients known to be hypersensitive to aciclovir or propylene glycol. *Precautions* Zovirax Cold Sore Cream should only be used on cold sores on the lips and . Do not apply inside the mouth or in the eye. Do not use for herpes infections of the eye or the genital area. Do not use if the patient is under the care of a doctor because of a weak immune system. *Side and adverse cts* Transient burning or stinging may follow application. Mild drying or flaking of the skin have occurred in about 5% of patients. Erythema, itching and contact dermatitis has been reported rarely following application. **AIL SELLING PRICE** Subject to *Retail Price Maintenance* 2g tube - £5.29 (PL 3/0304). **LEGAL CATEGORY** P. Further information available on request: Medical Affairs Department, Warner Wellcome Consumer Healthcare, Building emple Hill, Dartford, Kent, DA1 5AH. **DATE OF PREPARATION** August 1994 BQCD 92/02 *Trade Mark

*A.C. Nielsen M/A 1994

Counterpoints

Baby Savlon care range bounces in

Zyma Healthcare has launched Baby Savlon, a new range of baby care toiletries that aims to challenge existing products in the premium sector.

The company is also backing the range, which is available from January, with a £2 million investment.

The products are specifically formulated for everyday use on delicate, sensitive skin and, according to Zyma, draw on Savlon's medical heritage and expertise in maintaining healthy skin.

The range includes three skin care products and an anti-bacterial surface cleaner.

Baby Savlon Cream (125g tub, £2.15) is a light, water-based formulation containing cetrimide, zinc oxide and dimethicone. These are thought to protect against nappy rash and give the cream its moisturising, antiseptic and anti-inflammatory properties.

Baby Savlon Bath (300ml bottle, £1.69) is an oil-free formulation that cleanses and moisturises the baby's skin without leaving it feeling slippery. The product also contains aloe vera.

Baby Savlon Lotion (300ml bottle, £1.75) is a gentle cleanser and moisturiser, which contains almond oil, arachis oil, mineral oil, a humectant and cyclomethicone.

Baby Savlon Spray is an odourless, non-tainting, anti-bacterial surface cleaner that is safe to use around babies. The product, which contains chlorhexidine gluconate, is unique because it not only protects against salmonella and listeria but also against gram negative bacteria, thrush and gastro-enteritis.

Trial size packs (£0.49) will be introduced to retailers together with a display counter unit.

The launch is targeting almost all first-time mothers (750,000 in total) through samples and leaflets in Bounty packs. Health visitors and midwives are also being targeted through professional publications and product demonstrations.

Advertising in the women's consumer and specialist parenting press is planned.

Zyma Healthcare estimates that Baby Savlon will take at least a 5 per cent share of the £69m baby toiletries market in the first year. **Zyma Healthcare. Tel: 0306 742800.**

Efamol's Efacal targets osteoporosis

Efamol has launched a new patented dietary supplement called Efacal. Targeted at women in their mid-40s and older, Efacal (56 capsules, £8.99) is intended to help protect against the debilitating effects of osteoporosis.

The supplement combines calcium with essential fatty acids (EFAs) in the form of evening primrose oil containing gamma-linolenic acid (GLA) and marine oils containing eicosa-pentaenoic acid (EPA) and docosahexaenoic acid (DHA).

The product is hormone-free and is safe for long-term use. It can be used both by women taking hormone replacement therapy and those who are not.

First-time users are recommended to take four capsules a day for a period of 12 weeks, after which the dosage can be reduced to two capsules daily, to be taken with liquid.

EFAs are precursors of prostaglandins which are known to have various effects on bone metabolism. *In vivo* clinical studies in rats show that dietary EFA supplements increase calcium balance as well as bone calcium content, and decrease bone collagen degradation.

Two million women in the UK have osteoporosis, although only 76,000 receive any related treatment. More women die following hip fracture complications than from breast, cervical and uterine cancer taken together. **Zyma Healthcare. Tel: 0306 742800.**

Say aloe to health

Xynergy Health Products is looking to extend distribution of Life Stream's Biogenic Aloe Vera Juice.

The company says that sales via health food shops have "increased substantially" over the past year because many sufferers from irritable bowel syndrome and myalgic encephamolyelitis have found the product helpful.

Biogenic Aloe Vera is produced by a cold-stabilising technique which ensures that the product retains 99.9 per cent of its vital enzymes, says the company.

It comes in three sizes: 500ml (£6.95), 1,250ml (£14.95) and two litres (£19.95). The company recommends 15-30mls should be consumed twice a day (preferably on an empty stomach). **Xynergy Health Products. Tel: 0730 813642.**

A new pre-filled counter unit of Balmosa, the topical treatment for unbroken chilbains, is now available. The unit displays eight tubes of Balmosa and a quantity of chilbain information leaflets provided by The Raynaud's Association. Pharmax Healthcare Ltd. Tel: 0322 550550

Lemsip leaflets

Reckitt & Colman has produced a consumer leaflet entitled 'The Lemsip Guide to Colds and Flu', which attempts to clarify the myths surrounding the illnesses (eg how a cold is caught, etc).

To obtain the leaflets (minimum 10, maximum 50 per application) pharmacists should write to: **The Medical Information Unit, Reckitt & Colman Products Ltd, Dansom Lane, Hull HU8 7DS. Tel: 0482 26151.**

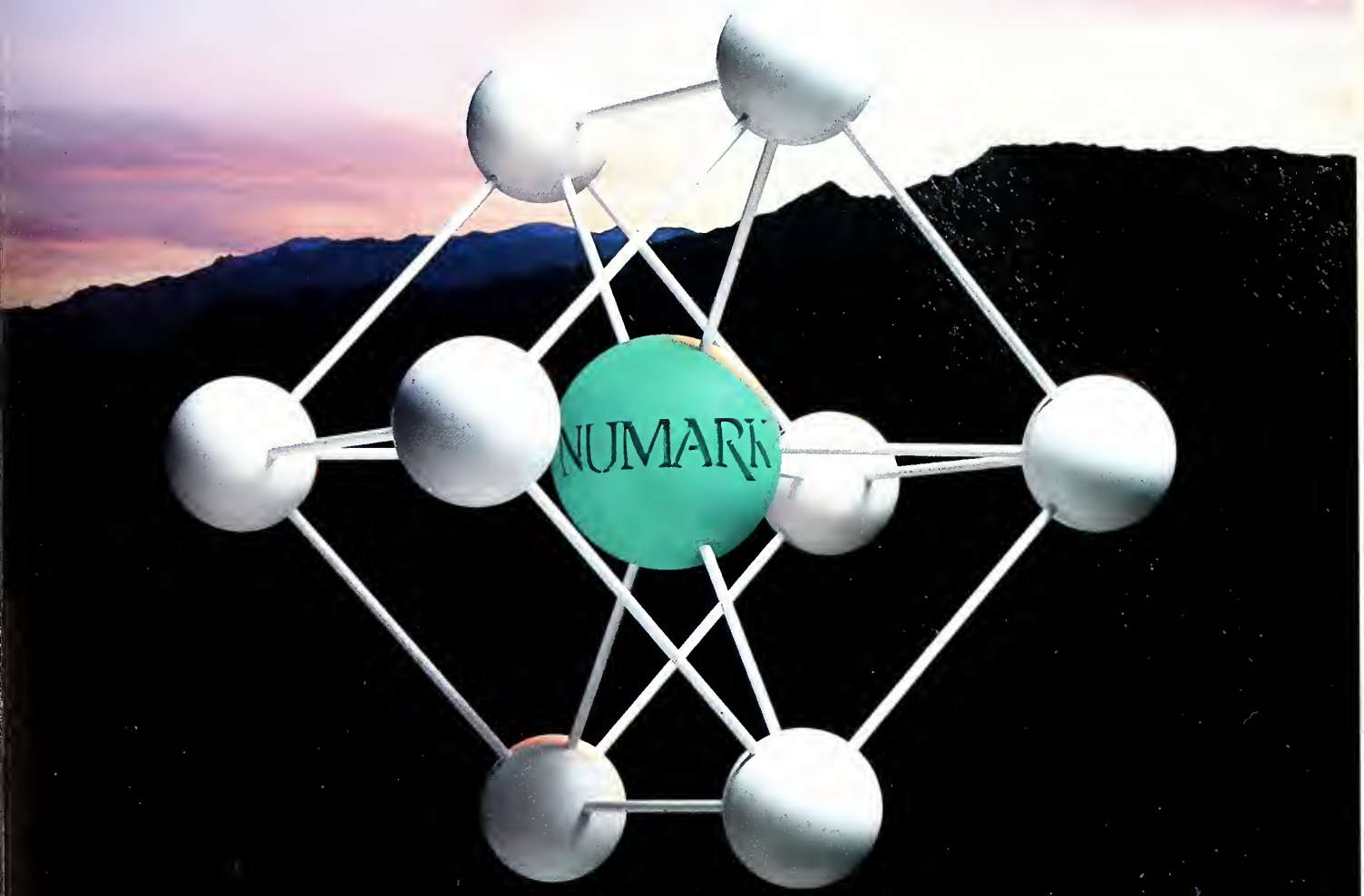
Women's healthcare pamphlets from RCOG

A new series of women's healthcare pamphlets has been produced for the public by the Royal College of Obstetricians & Gynaecologists and is available to pharmacies for retail sale.

There are currently 15 titles which include 'Birth at home', 'Bleeding after childbirth', Endo-metriosis', 'Painful intercourse' and 'Problems with HRT'.

The pamphlets retail at £1.50 with volume-related discounts for stockists: 15 per cent discount for 10-20 copies (plus £1 p&p), 25 per cent for 21-50 copies (plus £2 p&p), 35 per cent for 51-100 copies (plus £3 p&p), 40 per cent 101-500 copies (plus £4.50 p&p) and 50 per cent for orders over 500 copies (plus £6 p&p). **RCOG Bookshop (Dept LB2), Royal College of Obstetricians and Gynaecologists, 27 Sussex Place, Regent's Park, London NW1 4RG. Tel: 071 262 5425.**

Announcing
The Numark Ownership Scheme.



A new formula for the future.

Being a Numark member has always been rewarding. But now you have the chance to share positively in the benefits and successes of the original retailer driven Voluntary Trading Organisation.

It is a golden opportunity for the independent pharmacist to have a real stake in the future of an organisation that is dedicated to growing its members businesses, not absorbing them.

If you value the future of your business you should find out more.

Call for your copy of the Scheme Proposal Document and Application Form.

Your opportunity to find out what the Numark Ownership Scheme means to you.

During the coming weeks, there will be a number of Numark Ownership Scheme meetings held around the country. As an independent pharmacist, you are invited to attend one of these meetings, whether or not you are currently a member of the Numark organisation.

WEEK ONE

Monday 7th November 1994 8.00pm - Chester. Abbots Well Hotel, Whitchurch Road, Christleton, Chester, Cheshire

Tuesday 8th November 1994 8.00pm - Bradford. Novotel, Merrydale Road, Bradford

Wednesday 9th November 1994 8.00pm - Manchester. Britannia Country House Hotel, Palantine Road, Didsbury

Thursday 10th November 1994 8.00pm - West Midlands. The Copthorne, Merry Hill, Dudley

Friday 11th November 1994 8.00pm - Northampton. Northampton Moat House, Silver Street, Northampton

WEEK TWO

Monday 14th November 1994 8.00pm - East Midlands. East Midlands Hilton, J24 off M1 Motorway

Tuesday 15th November 1994 8.00pm - Newcastle. Holiday Inn, Great North Road, Newcastle

Wednesday 16th November 1994 8.00pm - Aberdeen. Aberdeen Marriott Hotel, Farburn, Dyce, Aberdeen

Thursday 17th November 1994 8.00pm - Glasgow. Glasgow Marriott Hotel, Anderstone, 500 Argyle Street, Glasgow

WEEK THREE

Monday 21st November 1994 8.00pm - Londonderry. Everglades, Prehen Road, Londonderry

Tuesday 22nd November 1994 8.00pm - Belfast. Europa Hotel, Great Victoria Street, Belfast

Wednesday 23rd November 1994 8.00pm - Cardiff. Cardiff Marriott Hotel, Mill Lane, Cardiff

Thursday 24th November 1994 8.00pm - Plymouth. Plymouth Moathouse, Plymouth Hoe, Armada Way, Plymouth

Friday 25th November 1994 8.00pm - Bristol. Holiday Inn Crowne Plaza, Victoria Street, Bristol

WEEK FOUR

Monday 28th November 1994 8.00pm - Southampton. Novotel, 1 West Quay Road, Southampton

Tuesday 29th November 1994 8.00pm - Cheshunt. Marriott, Halfhide Lane, Turnford, Broxbourne, Cheshunt

Wednesday 30th November 1994 8.00pm - Maidstone. Tudor Park Hotel, Ashford Road, Bearsted, Maidstone

Thursday 1st December 1994 8.00pm - Norwich. Stakis Airport Hotel, Cromer Road, Norwich

WEEK FIVE

Monday 5th December 1994 8.00pm - Maidenhead. Holiday Inn, Manor Lane, Maidenhead

Tuesday 6th December 1994 8.00pm - Central London. Regent's Park Marriott, 128 King Henry's Road NW3

NUMARK

The power behind the independent pharmacist.

FOR MORE INFORMATION AND A COPY OF THE PROPOSAL DOCUMENT & APPLICATION FORM
CALL THE NUMARK OWNERSHIP SCHEME HOTLINE - 0827 69269

The Logic of dental care

Philips is launching Dental Logic, a new range of dental care products based on a new cleaning method. The line comprises two toothbrushes, a dental centre and waterjet.

Key to the new range is its 'soft pressure' system and 'Clean & Clear' brush movement.

With the soft pressure system, if the brush is pressed too hard against the teeth, the head clicks back giving a warning of excess pressure. It automatically re-sets when pressure is reduced to normal.

'Clean & Clear' moves the head of the toothbrush in two directions and at two speeds, loosening and dislodging plaque.

The Philips HP600 waterjet complements the new range of brushes. It improves mouthwashes, massages gums and helps to remove food residues.

Suggested retail prices are: Philips HP400 toothbrush (£44.99), Philips HP550 toothbrush (£59.99), Philips HP600 waterjet (£49.99), Philips HP700 dental centre (£94.99), Replacement 2 bristle packs (£2.75) and Replacement 4 bristle packs (£4.95). **Philips Home Appliances. Tel: 081 689 2166.**

Condom choice

To coincide with World AIDS Day, Sutherland Health has introduced Mates Choice — a pack three Mates condoms and a card explaining how to choose condoms. They are now at a special price: £23.30 for 40 packs (normal price £29). **Sutherland Health Ltd. Tel: 0635 874488.**

Nappy prize

Kleenex's Huggies Ultrathin Nappies won 'best nappy' at the *Mother & Baby* awards. **Kimberly-Clark Ltd. Tel: 0622 717700.**

Stamp on crime

The Royal Mail has introduced Christmas-themed books of £0.60 stamps and, in a new promotion, retailers are being offered the chance to win £500 of security equipment. **Royal Mail Retail Customer Services. Tel: 031 550 8950.**

All washed up

Numark Washing Up Liquid is being launched this month. It will be available in Lemon and Green at £0.39 for one litre. **Numark Management Ltd. Tel: 0827 69269.**

Didi extends

Interwood Marketing is extending distribution of its Didiseven stain remover to retail outlets. **Interwood Marketing (UK) plc. Tel: 0494 680828.**

Fuji footer

Fujifilm is the new sponsor of the English Schools FA Under-15 Cup. **Fuji Photo Film (UK) Ltd. Tel: 071 586 5900.**

Durex deal

London International Group plc is backing its Durex condoms with a sponsorship and advertising deal worth in excess of £1 million with MTV Networks Europe. **LIG plc. Tel: 071 489 1977.**

Lip service

Lipcote, sold under the Aquamaid brand through Larkhall Natural Health, has a new advertising campaign in women's magazines. **Larkhall Natural Health. Tel: 081 874 1130.**

Max Factor stretches a point

Max Factor International is to introduce a reformulated version of its Stretch Mascara early next year.

It is the combination of the mascara's formulation of concentrated ingredients and its hollow filament brush which, the company claims, produces longer lashes.

Presented in a slimline navy barrel with gold graphics, the it will be available from February, 1995. It retails at £3.99 (for 7ml). **Procter & Gamble Cosmetics & Fragrances Ltd. Tel: 0202 524141.**

Bourjois lights up mascara

Bourjois is adding 'light reflecting pigment' to its new mascara, Cil Sublime Lumière.

Light reflecting pigments have previously been featured in foundations and powders of the premium cosmetic houses. This is a first for eye make-up.

The new mascara contains 10 per cent mica-titanium pigments, which catch and reflect the light to give a pearl effect.

The formulation also contains silk proteins, beeswax, carnauba wax and pro-vitamin B5.

Cil Sublime Lumière is presented in a matt gold tube and will retail at £4.95. It is available from December 7. **Bourjois Ltd. Tel: 071 287 3051.**

Mavala marvels

Nail polish expert Mavala has introduced special gift packs for Christmas.

There are three different sets — No 1 is in shades of silver and gold, No 2 is shades of pink and No 3 is a combination of reds — each retailing at £4.95.

In its manicure line, there are four different gift sets available, ranging in price from £36 (Set No 2 containing cuticle scissors, nail scissors, tweezers and file) to £45 (Set No 3 containing cuticle nipper, nail scissors, nail clipper, tweezers, hoof stick and file). **Mavala (UK) Ltd. Tel: 0732 459412.**

On TV Next Week

GTV Grampian
B Border
BSkyB British Sky Broadcasting
C Central
CTV Channel Islands
LWT London Weekend
C4 Channel 4
U Ulster
G Granada
A Anglia
CAR Carlton
GMTV Breakfast Television
STV Scotland (central)
Y Yorkshire
HTV Wales & West
M Meridian
TT Tyne Tees
W Westcountry

Anadin All Night:	All areas except U, CTV & C4
Crest Complete:	All areas
Deci Delá:	STV, Y, C, LWT, CAR, C4
Dove:	All areas
Gliss Corimist:	C4, GMTV
Johnsons Baby Skincare Wipes:	All areas except B, G, Y & LWT
Kids (J&J):	GTV, U, STV, A, HTV, W, M, C4
Lockets:	All areas except LWT & GMTV
Nice N Easy:	All areas except C, A, HTV, W, M
Nurofen Colds & Flu:	All areas
Radian-B:	B, G, Y, C, A
Rennie:	C4, GMTV, BSkyB
Sanatogen Cod Liver Oil (& Multivits):	G, C, W, M, C4, GMTV
Seven Seas Cod Liver Oil (& Oil Plus):	C4, GMTV
Tunes:	All areas except LWT & GMTV
Vicks Ultrachloraseptic:	All areas except CAR

Colgate's classics

Colgate-Palmolive is introducing a series of promotions across its toothpaste, toothbrush, dental rinse and soap brands this month.

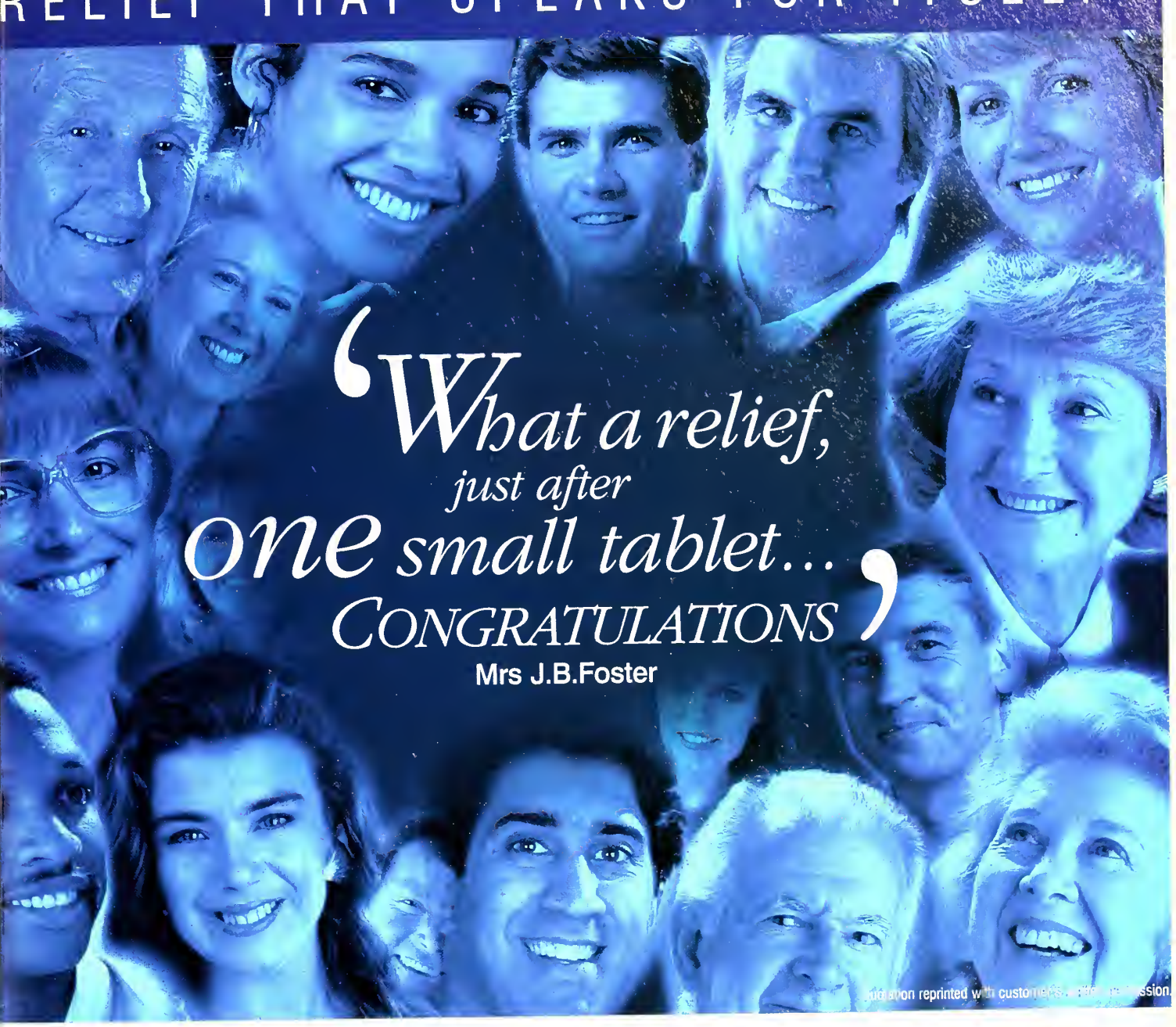
From Unichem, the rsp of Colgate GRF is £1.39 for 100ml and £0.79 for 50ml, and for Colgate Total it is £1.75 for 100ml and £0.99 for 50ml.

Barclay Enterprise is running a price promotion on Colgate Bicarbonate of Soda Formula toothpaste (50ml and 100ml offering 12 for the price of 11). Zig Zag and Diamond Head toothbrushes will also be available at 12 for 10.

Both wholesalers are offering deals on Colgate Plax. For Unichem, the promotion applies to Colgate Plax 250ml and 100ml trial size; and for Barclay, Colgate Plax 250ml and 500ml packs are on offer at six for five.

At Barclay Enterprise, the Palmolive 2 in 1 Wash & Creme bar is on offer in a 12 for the price of ten promotional deal. Normal rsp for the 100g bar is £0.79. **Colgate-Palmolive Ltd. Tel: 0483 302222.**

McCann-Erikson's 'Kiss your sore throat better' advertising campaign for Halls Soothers has won bronze in The Institute of Practitioners 1994 Advertising Effectiveness Awards. Warner-Lambert Confectionery. Tel: 0703 620500



An ad agency didn't write these words. Mrs Foster did.

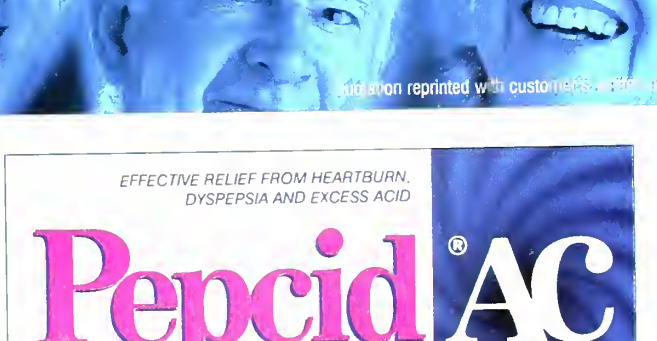
When Mrs Foster discovered the relief **Pepcid® AC** offered, she was so pleased she actually wrote to tell us. Now, with Mrs Foster's permission, we're telling you.

It's not just pharmacy customers that benefit. As a pharmacist, you share the advantage that one small, easy to swallow tablet combines effective relief from heartburn, dyspepsia and excess stomach acid, with the added assurance of no clinically significant drug interactions.

In fact, **Pepcid AC** is the only recommendation you can offer your customers which delivers up to 9 hours acid control - from one small tablet.[1] No wonder it's already a sales success.

So make sure your pharmacy maximises its share of this sales success. Next time you're asked to recommend an excess acid treatment why not choose **Pepcid AC**.

With extensive TV advertising support and your recommendation, your sales - just like our unsurpassed acid control - will continue to go a long, long way.



THE LIBERATOR

Pepcid AC - your only recommendation for up to 9 hours acid control from one small tablet.

D AC (Abridged Product Information) Product Information - PEPCID AC: Film coated tablets containing tine 10mg. **Pack Size:** 2, 6, 12. **Dosage:** Adults and children over 16 years: 1 tablet for symptomatic relief blet taken one hour before food or drink known to provoke symptoms. Maximum intake 2 tablets in 24 Maximum period of use 2 weeks. **Uses:** For the short term symptomatic relief of heartburn, dyspepsia yperacidity. **Contraindications:** Hypersensitivity to any component. **Warnings and Precautions for** Should not be taken unless advised by a physician by the following patient groups: ate renal failure or severe hepatic impairment; under medical supervision for any other or need for any other medications; middle aged or over with new or recently changed ptic symptoms, or associated unintended weight loss. Patients with persistent symptoms culty swallowing should seek medical advice. **Drug Interactions:** No drug interactions of clinical significance have been identified. **Side Effects:** Generally well tolerated. Headache and dizziness have been reported at a frequency ≥ 1%. Other side effects, including dry mouth, nausea, constipation, diarrhoea fatigue and allergic reactions occur even less frequently. **Pregnancy:** Not recommended for use in pregnancy. **Overdosage:** No experience to date with overdosage. Doses up to 800mg day for over 1 year were we tolerated in patients with severe hypersecretory conditions. **Product Licence Number:** PL 0025/0312 **Product Licence Holder:** Merck Sharp & Dohme Limited, Hertford Road, Hoodesdon Hertfordshire, EN11 9BU. **RSP:** 2 tablets £0.75, 6 tablets £1.99, 12 tablets £3.59. **P** Pharmacy only distribution. **Distributed by: CENTRA HEALTHCARE, Enterprise House, Loudwater, Bucks HP10 9UF. References:** 1. Data on file. ® Indicates registered trademark of Merck & Co. Inc Whitehouse Station, N.J., U.S.A. © Centra Healthcare 1994. All rights reserved.

CENTRA HEALTHCARE
A JOHNSON & JOHNSON - MSD CONSUMER PHARMACEUTICAL COMPANY

Pharmacists recommend T

The move from POM to P status of H_2 receptor antagonists for the treatment of heartburn, excess acid and dyspepsia has led to growing numbers of people consulting their pharmacists for advice on these conditions. We look at an evolving marketplace to find out how things are working out in practice

Recent research has shown that pharmacists are increasingly recommending Tagamet 100 for the treatment of hyperacidity. Tagamet 100 now leads the OTC H_2 receptor antagonist category in volume sales and is also growing its market share.

Retail pharmacist David Coleman from Norfolk has been handling over 100 inquiries every month about Tagamet 100. He feels confident about recommending it for the short-term treatment of acid indigestion: "Not only does Tagamet 100 provide sufferers with an effective treatment, it also presents a substantial professional and commercial opportunity to UK pharmacists."

Numerous clinical trials have shown that Tagamet 100 significantly reduces gastric acid secretion compared to placebo[1] and the efficacy of cimetidine in the short-term treatment of acid indigestion,(the active ingredient in Tagamet 100) was also supported at a recent Food and Drugs Administration meeting in the US. Research amongst consumers has also shown that Tagamet 100 is perceived as a strong, effective and long-lasting remedy, available from their pharmacist.

Tagamet 100 has a proven safety profile. Clinical trials have shown that Tagamet 100 is well tolerated, with an adverse events profile similar to that of a comparable antacid and placebo. Tagamet 100 has been specifically designed for pharmacy use, for heartburn, excess acid and dyspepsia.

Drug interactions have been shown to be clinically significant in a very small number of drugs, at prescription doses and duration, namely theophylline, warfarin, phenytoin and intravenous lignocaine. These patients combined represent less than 2 per cent of the entire UK population.

Tagamet 100 is suitable for many of your customers to whom you would consider recommending a simple antacid. By asking the same questions as you would when recommending any other indigestion remedy, you can easily determine the suitability of Tagamet 100 for your customer.

Who is the medicine for?

It is clearly important to find out who intends to take the medicine. There is also the added problem of receiving second-hand information about symptoms, particularly in light of the potential confusion about what the symptoms are.

What are the symptoms?

Information about the type of pain, the site of pain, and where and when it occurs can provide a valuable guide to diagnosis.

How long has the person had the symptoms?

Middle-aged or elderly patients with new or recently changed symptoms may be cause for concern. Persistent worsening of symptoms especially if accompanied by the signs e.g. weight loss, indicate a need for GP referral.

Action already taken

Knowledge of whether a customer has had the problem before, and whether it responded to treatment, can provide

amet 100 for hyperacidity

valuable clues. In the case of Tagamet 100, information about whether, for example, antacids have worked previously, could confirm that excess acid is the problem and that Tagamet 100 would be an appropriate recommendation.

❑ Medicines being taken for other problems

The prescription medicines a customer is already taking is an extremely important topic to cover. As a precaution, OTC H_2 receptor antagonists should not be offered to those customers taking any regular OTC or prescribed medicines, unless advised by a doctor.

Asking these questions will allow you to be confident when recommending Tagamet 100 for your customer's symptoms, by excluding the possibility of an inappropriate recommendation, or the presence of a more serious underlying disease.

Jeremy Clitherow, retail pharmacist, Liverpool, utilises the above 2-WHAM protocol in his own pharmacy and stresses that the safety of Tagamet 100 should be communicated to customers: "Foremost in everyone's mind is safety. Cimetidine, the active ingredient of Tagamet 100, has stood the test of time very successfully. In fact, there cannot be many families by now where the ingredient cimetidine is not immediately recognised. It is a fact that 627 million prescriptions have been written for cimetidine worldwide and that 77 million people have used cimetidine during the last 18 years."

Tagamet 100 is one of two H_2 receptor antagonists now available without prescription. Tagamet's advanced mode of action offers prolonged relief from the symptoms of excess acid. It works by blocking the histamine receptor on the acid-releasing cells in the stomach wall, thereby decreasing acid release. It is the only treatment available from the pharmacy that is licensed for the short-term prophylactic management of nocturnal heartburn. Tagamet 100 is available in small, easy-to-swallow 100mg tablets.

Cimetidine has been used by doctors to treat the symptoms of heartburn and dyspepsia for many years, and now pharmacists have the opportunity of recommending Tagamet 100 to their customers for the safe and effective relief of hyperacidity.

References

1. Henn et al, NEJM 293: 371-375, 1975

Tagamet 100 cimetidine **Product information. Presentation** [illegible] **Dosage and administration** [illegible] the elderly [illegible] 16 years and over. Relief of heartburn, dyspepsia, hyperacidity: two tablets with water when symptoms appear [illegible] may be taken, but no more than 4 tablets in any 4 hours and no more than 8 tablets in any 24 hours. Prophylactic management of nocturnal heartburn [illegible] weeks. If symptoms persist for more than two weeks or recur regularly, a doctor should be consulted. Not to be given to [illegible] **Use** [illegible] heartburn, dyspepsia, hyperacidity. Prophylactic management of nocturnal heartburn. **Contraindications** Hypersensitivity to cimetidine or any of the excipients. **Precautions** [illegible] taking oral anticoagulants, phenytoin, theophylline, intravenous lignocaine, middle-aged or older patients with new [illegible] because of potential delay in diagnosis of gastric cancer, with compromised bone marrow, in pregnancy and lactation [illegible] medical supervision for other reasons, with a history of peptic ulcer who are now using NSAIDS especially the elderly. **Adverse reactions** Diarrhoea [illegible] usually in the elderly or very ill), all reversible. Rarely thrombocytopenia, leucopenia, agranulocytosis, all reversible [illegible] and heart block, all reversible, aplastic anaemia, pancytopenia and anaphylaxis. Reports of alopecia [illegible] at usual prescribed therapeutic doses. **Product licence numer** 0002/0230. **Retail price** Tablet (12s) £2.29, (24s) £3.99. **Legal category** P. **Date of preparation** 9th August 1994. [illegible] SmithKline Beecham Consumer Healthcare, SB House, Brentford, Middlesex TW8 9BD. Telephone number 0181-560 5151

Disney plaster cast

Elastoplast has caught 'Lion King' fever and is introducing plasters which feature, Simba, the main character of Disney's latest animated film. The plasters will cost £1.39 for a pack of 16. The new range will complement Smith & Nephew's existing Elastoplast Disney character pack. **Smith & Nephew Consumer Products Ltd. Tel: 021 327 4750.**

Bristling Braun

Braun has brought out a new beard trimmer, Braun Exact 6.

The trimmer has a quick charge feature that needs only 10 minutes to charge enough for one trim. And two hours leaves it fully charged for three weeks.

It also has a choice of six trim settings between 2mm and 18mm. It retails at £44.99. **Braun (UK) Ltd. Tel: 0932 785611.**

More Mellow Musk

Coty has added a shower gel and body lotion to its Mellow Musk fragrance range.

Both new products are enriched with moisturisers and come in white, flip-top tubes, echoing the packaging of the perfume.

The range now comprises: 15ml eau de toilette spray (£5.95); 30ml eau de toilette spray (£8.75); 50ml eau de toilette spray (£12.50); 150ml body spray (£4.95); 150ml shower gel (£3.95); and 150ml body lotion (£4.95). **Beauty International Ltd. Tel: 0734 302302.**

Beta bonus

Pharma Nord is introducing an economy pack of its Bio-Carotene food supplement.

The pack contains 150 capsules and will retail at £9.95. **Pharma Nord (UK) Ltd. Tel: 0670 519989.**

Yeast Vite campaign

Seton Healthcare is to support Yeast Vite with its first advertising campaign for five years.

Entitled 'Don't let tiredness spoil your day', the ads will run in leading women's titles from now until February, 1995. **Seton Healthcare Group plc. Tel: 061 652 2222.**

Fuji award

Fuji Photo Film's Fujicolor Super G has won 'The People's Choice' in the colour negative film category of *Practical Photography* magazine's recent awards.

Awards also went to Fujichrome Sensia slide film and Fujicolour Super G 800. **Fuji Photo Film (UK) Ltd. Tel: 071 586 5900.**

Not just more hot air from Philips

Philips is promoting its hair care range with national advertising (including television) in the pre-Christmas sales period.

Philips Pro-Air Quattro will be backed by a national campaign on Channel 4 and satellite TV, as well as with a full-page magazine advertisement entitled 'For a different hairstyle, try a different head'.

Philips Touch 'n Dry hairdryer will be promoted with a £5 cashback promotion on the diffuser model and £3 on the model without diffuser. The offer runs until December 31 with redemptions to be received by January 16, 1995. The two hairdryers have recently been introduced in new colours: black gloss with metallic graphics.

Philip's Volume Control dryer (HP4374) will be promoted with full-page ads with the headline 'Get the body you've always wanted'. The ad will run in national magazines such as *TV Times, Take a Break* and *Bella*. **Philips Home Appliances. Tel: 081 689 2166.**

Pentax gets festive

Pentax is running a series of dealer and consumer promotions throughout the festive season.

CDs, music cassettes, videos and computer games are some of the prizes on offer for dealers in the 'Sound & Vision' promotion whereby every Pentax product sold carries a points allocation. Simply collect enough points and pick a prize.

In the 'Australasian Adventure' promotion four holidays to Singapore and Australia are up for grabs for two customers and the dealers selling them the Pentax products containing the winning tockets.

The company is also running a dealer assistant competition to find the five assistants who take the best photographs using the new Pentax Espio 928. One winner from each sales territory will receive one of the Espio 928 zoom compact cameras as their prize. **Pentax (UK) Ltd. Tel: 0753 792792.**

Letters

On the CPG and at your service

I would like to thank all those community pharmacists who voted me onto the committee of the Community Pharmacy Group.

I have pledged to do all in my power to prevent the Society from allowing the livelihoods of pharmacists to be threatened. I am convinced that there is much that the Society can do.

In practical terms this will mean much more than just vigorously opposing any remuneration cutbacks. More importantly, it will mean the creation of an imaginatively thought-out strategy. It must have horrified many to learn that, at the Young Pharmacists Group Conference two weeks ago, a senior Society representative publicly confirmed that there is currently no such organised pharmacy plan.

At a time when large sums are being devolved to FHSAs from many sources, there is no reason at all why any new pharmacy strategy should not be sufficiently robust and enthusiastic to enable community pharmacists to pursue FHSA monies that would otherwise be beyond the scope of the global sum. This must be a primary role for our new group, and in this way the Society can protect livelihoods in the community sector.

We've fought long and hard for the creation of the Community Pharmacy Group and now it's time to make it work for all in community pharmacy. I shall do my utmost to serve these interests.

Mark Koziol
Birmingham

Point in question

I write in response to the article 'Thin times ahead for slimming ads' *(C&D* October 22, p660). I wish to make it clear that the proposed Independent Television Commission regulations are welcomed by the slimming food industry, and that industry members have co-operated with some of the detailed Broadcast Advertising Clearance Centre guidelines mentioned in ITC's consultation letter. The proposed code will not 'curb' television advertising of slimming products at all, but will simply formalise the code to which we already voluntarily adhere.

Your article is misleading in linking the promotion of slimming products and eating disorders. An ITC consultation letter states: "Having taken advice from medical consultants, the ITC understands that they [the public] are unlikely to be directly provoked simply by slimming advertising."

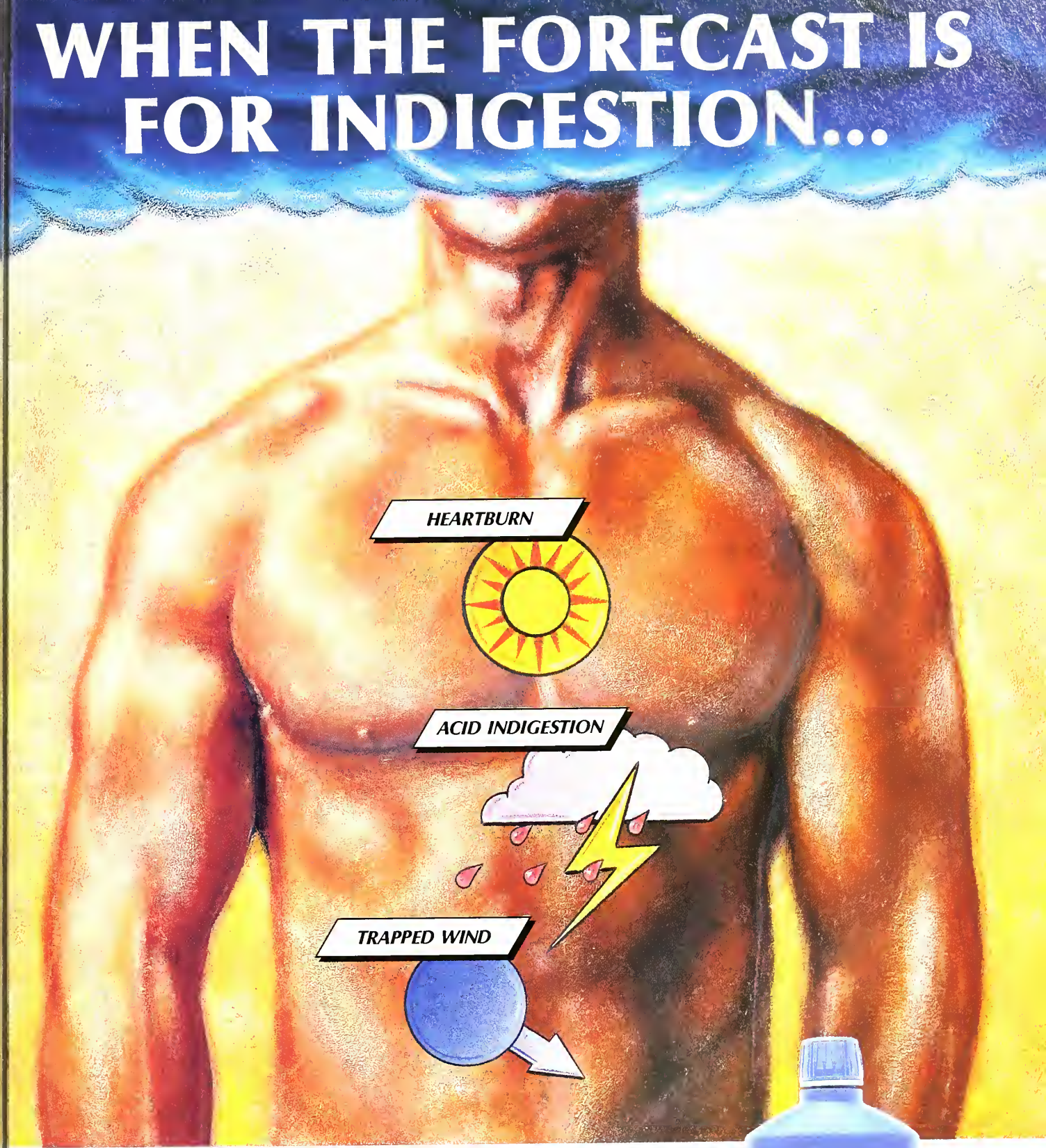
In addition, your article is wrong to say that advertisements may not "suggest that slimming products may be substituted for balanced meals". Firstly, this is nowhere suggested in the draft code and, secondly, it is patently untrue. Meal replacements for slimmers are precisely that — nutritionally complete products to replace some meals in the day for those on a calorie-controlled diet.

Further, all save one of the listed points you make in your article under the headline about slimming refer not to the proposed slimming code, but to the code for general food advertising. Surely it must be evident, even to the uninitiated, that slimming products are unlikely to condone excessive consumption of food!

Tessa Prior
Chairman, Infant and Dietetic Foods Association slimming foods group

Buckinghamshire FHSA recently presented 25 pharmacy assistants with certificates for successfully completing the NPA's medicine counter assistants course. Pictured here (left to right) are Anne Fanthorpe (counter assistant), Angela Alexander (course tutor and LPC secretary), John Vooght (LPC chairman and FHSA member), Margaret Hales (new FHSA chairman), Nirmala Chauan (counter assistant) and Sharon Hart (FHSA pharmaceutical adviser). The training scheme was the brainchild of Angela Alexander, and the FHSA actually funded 49 training places. The Authority hopes that by the end of the year at least one assistant from every pharmacy in the county will have attended a course

WHEN THE FORECAST IS FOR INDIGESTION...



ASILONE BRINGS FAST, EFFECTIVE AND LONG LASTING RELIEF

Product Information. Asilone Liquid and Suspension: White suspension containing in each 5ml dried aluminium hydroxide BP 420mg, light magnesium oxide BP 70mg, activated dimethicone 135mg. Dosage: Adults and Children over 12 years: 5-10ml liquid after meals and at bedtime. Pack size 200ml, 500ml. Not suitable for children under 12 years. **Asilone Tablets:** each tablet contains dried aluminium hydroxide BP 500mg, activated dimethicone 270mg, also contains sucrose 1.1g. Dosage: Adults and Children over 12 years: 1 or 2 tablets to be chewed or sucked before meals and at bedtime. To relieve heartburn, the tablets to be sucked slowly. Pack size: 24. Not suitable for children under 12 years. **Uses:** Asilone Liquid, Suspension and Tablets are effective in the relief of indigestion, flatulence, acidity and heartburn. **Warnings:** Antacids may interfere with the absorption of tetracyclines, rifampicin, warfarin and digoxin - if taken at the same time. Asilone is not recommended in flatulent abdominal distention possibly related to intestinal obstruction. Antacid preparations should not be administered in severe debilitation or renal impairment. **Pregnancy:** Antacids should not be used during the first trimester. **Overdosage:** No cases of overdosage have been reported. In healthy people the components of Asilone are not expected to cause specific local or systemic toxicity even in acute overdosage. **Sodium:** The sodium content of Asilone Liquid, Suspension and Tablets is extremely low, making these especially suited where there is co-existing hypertension, congestive heart failure, hepatic and or renal failure. **Pharmaceutical Precautions:** Suspension and Liquid - do not freeze. **Product Licence Number: Asilone Liquid:** 0327 0058. **Asilone Suspension:** 0327 0057. **Asilone Tablets:** 0327 0055. **Licence Holder:** Crookes Healthcare Ltd. **Legal Category:** GSL. **Price:** Liquid £2.45, Suspension £3.44, Tablets £2.65. **Distributor:** Seton Healthcare Group plc, Tubiton House, Oldham, OL1 3HS, Lancashire. 061 652 2222. **Date of Revision:** September 1994.

Seton Healthcare Group plc

Asilone is a Trade Mark.

PILES.

STOP SITTING ON SALES

When your customers get piles, they often just grin and bear it. But that's all about to change. Because **Preparation H** is being supported by a major sales initiative including national press and in-store promotion to ensure everyone knows about its clinically proven effectiveness.

So don't sit on your hands, contact your Whitehall representative today. And discover the difference comfortably effective **Preparation H** can make to your sales.

PREPARATION H*

HAEMORRHOID TREATMENT

Contains yeast cell extract and shark liver oil

COMFORTABLY EFFECTIVE

PRODUCT INFORMATION: **Preparation H Ointment & Suppositories:** containing yeast cell extract 1.0% w/w, shark liver oil 3.0% w/w. *Uses:* Relief of the symptoms of Haemorrhoids, i.e. pain, irritation and itching. Helps to shrink the tissues swollen by inflammation. Lubricant in easing painful bowel movements. *Dosage:* **Ointment:** Adults including elderly: Apply freely night and morning and after each bowel movement. Children: Not recommended. **Suppositories:** Adults: Insert one suppository, rounded end first, into the rectum, morning and night, and after each bowel movement. Children: Not recommended. *Contraindications:* History of sensitivity to any of the constituents. *Other special warnings and precautions:* Persons who suffer from haemorrhoids are advised to consult a doctor. *Legal Category:* GSL. *Product Licence Number:* **Ointment:** 0165/5014R. **Suppositories:** 0165/5015R. RSP's: **Ointment:** 25g - £2.35, 50g - £3.59. **Suppositories:** 6 - £1.31, 12 - £2.25, 24 - £3.99, 48 - £7.06. *Date of preparation:* July 1994. * Trade Mark.

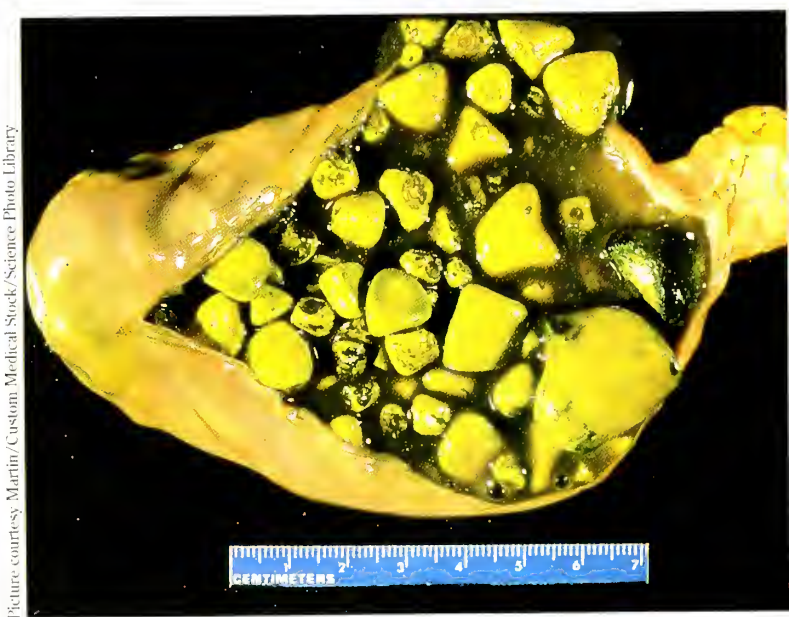
WHITEHALL

Whitehall Laboratories, Huntercombe Lane South, Taplow, Maidenhead, Berkshire, SL6 0PH.

Pharmacy update

Stony silence

The symptoms of gallstones are often, and easily, confused with those of other gastro-intestinal complaints. However, the real difficulty may not be diagnosis but treatment, as Marianne Mac Donald reports



Picture courtesy Martin/Custom Medical Stock/Science Photo Library

Excised human gallbladder, opened to show gallstones (coloured yellow)

A fat, fertile female over 40 is the stereotypical gallstone sufferer, even though men are just as likely to suffer (the incidence for both sexes is 10-20 per cent). Also, the term 'sufferer' cannot be used freely, as, in around 90 per cent of cases, gallstones remain in the gallbladder and are asymptomatic.

However, once the stone begins to move, getting trapped in the gall bladder neck for example, the gallbladder wall becomes inflamed. This initiates a range of symptoms, termed acute cholecystitis:

- sudden, severe pain in the epigastrium, possibly radiating to the back, lasting for around 12-18 hours
- flatulence
- nausea and vomiting
- there is some dispute as to whether these attacks are precipitated by fatty meals.

More commonly, the inflammation can affect the whole of the gallbladder wall, producing chronic cholecystitis. This is characterised by:

- colicky pain which can last for about 15-20 minutes or for several hours
- pain radiating to upper right arm as well as the back.

However, chronic sufferers often do not experience any specific pain, rather they have general abdominal discomfort and distension accompanied by nausea and, possibly, an aversion to fatty foods.

However, these symptoms are generic to a number of other gastro-intestinal complaints. As such, diagnosis is difficult and requires a series of hospital tests.

Gall facts

The gall bladder's primary function is to store and concentrate bile secreted by the liver's hepatocytes. Bile is the main excretory route of bilirubin and some drugs and also contains cholesterol and bile acids.

The aetiology of gallstone formation is as yet unknown, although incidence does rise with age. Cholesterol stones account for 75 per cent of European gallstones and are comprised of more than 70 per cent cholesterol. They are produced as a consequence of bile saturation, possibly through increased cholesterol synthesis in the liver.

These stones usually occur in clusters and development is influenced by race, gender (more common in women), drugs (oestrogen, the Pill, clofibrate) and gastro-intestinal ailments, such as Crohn's disease.

Bile pigment stones fall into two camps:

- calcium stones which are brown and soft and occur more frequently in Far Eastern populations
- pure stones which are hard, black, brittle and more common in the UK.

The aetiology of bile pigment stones is very poor, although pure stones occur more frequently in the elderly and in patients with cirrhosis, bile duct obstruction and malaria.

Therapy options

During an acute cholecystitis attack patients are advised to rest and avoid food. The pain is often severe enough to warrant opiate analgesics. Some cases may require antibiotic treatment to treat gallbladder inflammation.

Chronic cholecystitis usually requires surgery to remove the stone(s). But there is an alternative — gallstone dissolution with the bile acids chenodeoxycholic acid and ursodeoxycholic acid which reduce bile's cholesterol concentration.

This option has largely fallen out of favour as the process can take as long as two years, after which gallstones may recur. Use is now limited to those individuals who cannot undergo surgery.

- **Extracorporeal shockwave lithotripsy (ESWL)** is used for treating kidney stones and has been used to fragment gallstones. However, its use is only cost-effective in treating small stones, when compared with conventional surgery, says a study in *The Lancet*.
- **Cholecystectomy** involves the removal of stones by either conventional, open surgery or by the minimally invasive technique of laparoscopy. The latter is becoming the treatment of choice, with between 25,000-30,000 operations carried out in 1993. Laparoscopy reduces the amount of patient recuperation time and results in very minute scarring.

After surgery, however, some patients will still complain of gallstone symptoms (postcholecystectomy syndrome). In some, this may be due to incorrect diagnosis prior to surgery, but in others it may be a result of surgery itself.

A questionnaire completed by Fellows of the Royal College of Surgeons (RCS) last December, estimated that the incidence of injury resulting from laparoscopic cholecystectomy was less than 1 in 2,000, better than that for open surgery.

Failure rate

However, this figure has been disputed by the Campaign for Safety in Laparoscopic Surgery (CSLS) which believes that death and injury arising from 'keyhole' surgery is being under-reported. It believes the failure rate for laparoscopic cholecsytectomy is 300 per cent higher than the RCS survey suggests. CSLS' analysis of 100 cases alleges 'keyhole' surgery was responsible for 46 failed operations. The RCS counters that the survey was unscientific and biased.

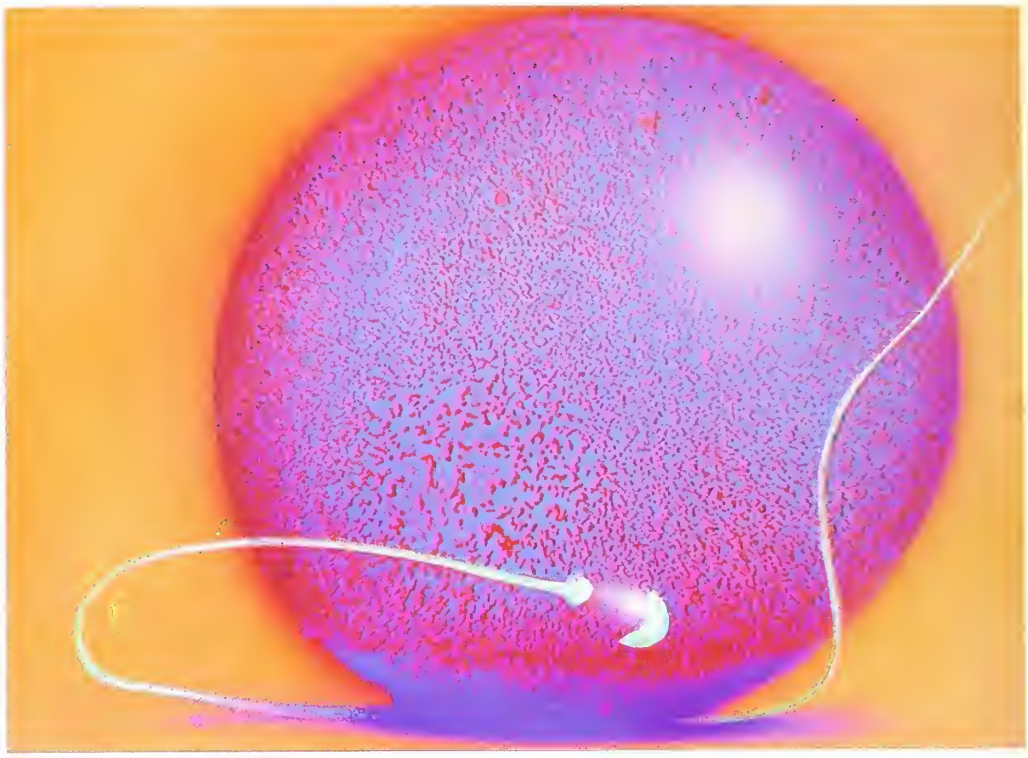
But there may be an element of truth in the CSLS' claims. The RCS is to audit and compare the outcomes of both surgical procedures.

It may yet prove that the treatment of choice carries its own penalties.

Chronic complications

Cholangitis
Gall bladder gangrene
Pancreatitis
Carcinoma of the gallbladder
Gallstone ileus

Keep on trying



Picture courtesy D Phillips/Science Photo Library

It is estimated that as many as one couple in six in Great Britain will experience difficulties in conceiving at some stage in their lives. For many of these couples, sub-fertility, as it is called, can be a deeply painful and distressing situation, which deserves help and an understanding approach

Infertility, or sub-fertility as many experts prefer to call it, is a more common occurence than many people realise. Defined as a failure to conceive after one year of normal and regular intercourse without contraception, it is estimated to affect one in six couples in the UK.

Many of these couples will have used one form of contraception or another, possibly for many years, before deciding to try for a baby. The realisation that they cannot conceive can be a very painful experience and the investigations and treatments that follow can create new stresses and pressures. The availability of good information about the causes and treatments of infertility, and a generally more understanding approach by friends and family, can go a long way to helping to lessen these strains.

The good news for anyone experiencing sub-fertility is that help is at hand. Statistics show that only about 4 per cent of women remain permanently, involuntarily sterile by the time they reach the menopause. However, this is little consolation to the distraught couple 20 years earlier who cannot understand what is wrong. These figures also hide the number of couples who fail to conceive a second child.

There is no evidence that infertility among the population as a whole is increasing, but there has been a marked increase in the number of couples seeking help during the last decade, because they are aware that effective treatments are now available.

What is normal?

The frequency of infertility should be no surprise when you consider that in general, human fertility is poor. It is estimated that the average chance of a known fertile couple conceiving in any one month is only about 20-25 per cent. The peak rate is 33 per cent. Just by chance, 10 per cent of fertile couples will fail to conceive in the first 12 months of trying and 5 per cent will still be unsuccessful after two years. The time taken to conceive also increases with age, a woman in her late 30s will take longer than one in her early 20s.

In general, couples concerned at their apparent failure to conceive should not worry unnecessarily in the first 12 months of trying. If, however, the woman is still not pregnant after a year of regular intercourse without contraception, then the couple could approach their GP for help and advice. However, there are a number of special cases when the doctor's help can be sought earlier (see box).

In order for pregnancy to occur, the following are important:

- the woman's hormone balance must be correct to ensure that the egg develops normally
- ovulation must take place
- intercourse must occur during the fertile phase of the cycle
- the man should have an adequate number of motile sperm to ensure that a sufficient number actually reach the egg
- the mucus in the cervix must not be hostile to the sperm
- there must be no mechanical barrier preventing fertilisation from taking place, such as blocked fallopian tubes or adhesions around the ovaries which prevent the release of the egg.

The most common causes of failure to conceive are listed in the table and include failure of the woman to ovulate and defects with the man's sperm, However, in many couples a combination of causes may be present and the high proportion (28 per cent) of couples for whom no obvious cause can be found, shows that doctors still have some way to go before they fully understand the process and why it sometimes fails.

Find the cause

Diagnosing the cause of sub-fertility is a slow process and can take many months, even years of tests and investigations. However, correct diagnosis, or at least the ruling out of certain causes, is important if later treatment, such as assisted conception, is to be successful.

The availability of ovulation predictor kits over the counter from pharmacies enables couples to check that intercourse is taking place at the correct time of the month. This is a useful first step for anyone worried about a failure to conceive. A pharmacist can recommend these kits for use before medical attention is sought to help rule out the possibility that problems are just down to bad timing.

These predictor kits are based on a urine test to detect the rise in luteinising hormone which occurs as the egg is about to be released from the ovary. It helps the woman identify her most fertile time, the time when intercourse is most likely to result in pregnancy.

The GP is usually the first point of contact and at this stage, a detailed medical and fertility history is taken from both the man and woman. The GP may start the ball rolling, so to speak, by carrying out investigations, such as a sperm test for the man and blood tests for the woman, to determine if there is an imbalance in hormone levels. A test of the woman's Rubella status will also be carried out.

Usually, the couple will be referred to a specialist, often a consultant gynaecologist at the local hospital, for more detailed examinations, although if a specialist technique such as IVF is required, treatment at a specialist infertility clinic may be recommended.

The following tests are commonly carried out to help

Continued on piv

When to seek medical help

If a couple has been trying for a baby for less than one year there is no need to worry. But if they have had no success after one year, or if any of the following conditions apply, they should be advised to see their GP immediately:

- the woman has absent or irregular periods
- she has had abdominal or pelvic surgery
- she is over 35 years of age
- the man has had surgery in his groin region or injury to the testicles
- either partner has had a sexually transmitted disease
- there is a possible genetic reason

FOR A BETTER UNDERSTANDING ALL-ROUND

As a pharmacist, you will appreciate the benefits of a broad spectrum antibiotic which is prescribable for both adults and children, *and* has few gastro-intestinal side-effects. You can understand why a once daily dosage will help compliance. To help you help your patients understand this antibiotic Schering-Plough has produced:

A FULL COLOUR ILLUSTRATED LEAFLET

Not just the statutory patient information, but an attractive, illustrated leaflet in full colour, to encourage patients to read about and understand their medicine.

A DOSING SYRINGE WITH FILL STICKER

CEDAX is available as capsules and suspension. The latter is provided with a dosing syringe. The suspension pack also contains a fill sticker for the syringe, which you can add to help ensure your patients get the right dose.

All extra help your patients will appreciate, and you understand how good that is for customer relations!

Abbreviated Prescribing Information. CEDAX Capsules containing 400mg ceftibuten. Powder for Oral Suspension containing 90mg and 180mg ceftibuten per 5ml. **Uses:** Ceftibuten is an orally active semisynthetic, third generation cephalosporin antibiotic. CEDAX is indicated in the treatment of pharyngitis, tonsillitis, otitis media, acute bronchitis and acute exacerbations of chronic bronchitis and urinary tract infections. **Adults including the elderly:** The recommended dose is 400mg once daily. **Adult patients with renal impairment:** CEDAX pharmacokinetics are not affected sufficiently to require dosage modification unless creatinine clearance values are lower than 50ml/min. **Children:** The recommended dose is 9mg/kg/day of the oral suspension. Children weighing more than 45kg or older than 10 years may receive the recommended adult dosage. **Contraindications:** Patients with known allergy to cephalosporins. **Precautions and Warnings:** The dosage of CEDAX may require adjustment in patients with marked renal insufficiency and patients undergoing dialysis. Safety and efficacy in infants less than six months of age have not been established. No significant drug interactions have been reported to date. No known biochemical or laboratory test interactions have been noted. There is inadequate evidence of safety of CEDAX in human pregnancy. The most frequently reported adverse events were gastrointestinal, including nausea (≤3%) and diarrhoea (3%), and headache (2%). The growth of *Clostridium difficile* in association with diarrhoea is rare. Most adverse events including laboratory abnormalities responded to symptomatic treatment or ceased upon discontinuation of CEDAX therapy. Hypersensitivity reactions e.g. skin rash, or drug allergy may occur rarely and usually subside on discontinuation of treatment. **Presentations and Basic NHS Price:** CEDAX Capsules 400mg, carton of 7, £2.50 per day. CEDAX Capsules 400mg, carton of 5, £2.61 per day. Capsules are individually wrapped in a pouch. CEDAX Powder for Oral Suspension 90mg/5ml x 60ml, £7.63. CEDAX Powder for Oral Suspension 180mg/5ml x 60ml, £15.26. **Product Licence Numbers:** Cedax Capsules 400mg: PL 0201/0170. Cedax Powder for Oral Suspension 90mg per 5ml: PL 0201/0171. Cedax Powder for Oral Suspension 180mg per 5ml: PL 0201/0172. Further information available from the Product Licence Holder: Schering-Plough Limited, Shire Park, Welwyn Garden City, Hertfordshire, AL7 1TW, England. Cedax and Schering-Plough are trademarks.

ONCE DAILY

CEFTIBUTEN

CEDAX®

CAPSULES AND SUSPENSION

A Division of Schering-Plough

Schering-Plough

Date of preparation: September 1994. Legal category: POM.

Continued from pii

diagnose the cause of sub-fertility:

- **Sperm test** This is usually one of the earliest tests carried out. The man is asked to produce a sample by masturbation, having avoided intercourse for three days prior to the test. In the laboratory, the amount and viscosity of the seminal fluid, the number of sperm and the number of abnormal sperm will be evaluated. Usually two samples are required, due to natural variation in sperm samples.
- **Blood progesterone levels** Following the release of the egg, there is a large rise in the level of the hormone progesterone, which prepares the lining of the womb for implantation. A blood test in the second half of the woman's cycle will measure the level of this hormone and help confirm if ovulation has occurred. Usually this is carried out in three separate cycles as not all monthly cycles result in ovulation, even in fertile women.
- **Ultrasound scans** This technique allows the development of the egg follicle within the ovary to be monitored. In a small percentage of women the ovarian follicle may develop normally but then fail to release the egg. Ultrasound also allows the thickness of the endometrium, the lining of the womb, to be measured.
- **Endometrial biopsy** A further way of determining that ovulation has occurred involves taking a small sample of the lining of the womb. Examination in the laboratory will show the characteristic changes which occur in the tissue following ovulation.
- **The post-coital test** As the time of ovulation approaches, the cervical mucus undergoes a number of changes, becoming thinner and produced in larger quantities than at other times of the cycle. The post-coital test takes place in the days just before the expected ovulation and involves a sample of mucus being taken within 12 hours of intercourse. Under a microscope, the doctor can see if the sperm are able to swim through the mucus or if the woman's body produces antibodies to kill off the sperm.
- **Hysterosalpingogram (HSG)** This technique is a specialised X-ray which examines the shape of the womb and the internal structure of the fallopian tubes. It helps to detect any blockage of the tubes. A radio-opaque dye is passed through the cervix and allowed to fill the womb and pass through the fallopian tubes into the body cavity. The progress of the dye can be monitored and any interruptions to its flow noted. The test is usually performed as an out-patient technique although often under sedation. Some discomfort may be felt.
- **Laparoscopy and hydrotubation** This is now one of the routine tests for couples with sub-fertility. It is performed under general anaesthetic and may involve one or two nights in hospital. A small cut is made in the woman's abdomen and the laparoscope inserted to ascertain that there are no physical abnormalities. This technique also allows the doctor to look for endometriosis, a condition associated with infertility. As with the HSG, a coloured liquid is passed through the neck of the womb to determine whether the fallopian tubes are blocked.

Useful addresses

- **Issue (The National Fertility Association)**
Unit 9,
509 Aldridge Road,
Great Barr,
Birmingham B44 8NA
Tel: 021 344 4414
- **Family Planning Association**
27 Mortimer Street,
London W1N 7RJ
Tel: 071 636 7866
- **Child**
Room 219,
Caledonian House,
98 The Centre,
Feltham,
Middlesex TW13 4BH
Tel: 081 844 2468
- **The Endometriosis Society**
65 Holmdene Avenue,
Herne Hill,
London SE24 9LD
Tel: 071 734 4601
- **The Miscarriage Association**
PO Box 24,
Ossett,
West Yorkshire WF5 9XG
Tel: 0924 264579
- **British Agencies for Adoption and Fostering**
11 Southwark Street,
London SE1 1RQ
Tel: 071 407 8800
- **Parent to Parent Information on Adoption Services**
Lower Boddington,
Daventry,
Northamptonshire NN11 5YB
Tel: 0327 60295
- **International Planned Parenthood Federation**
Regent College,
Inner Circle,
Regent's Park,
London NW1 4NS
Tel: 071 486 0741

Treatment choices

In couples with sub-fertility, the choice of treatment depends on a balance of factors: the chances that the woman will become pregnant without treatment; the chances with simple treatments or with more complex, and hence more expensive, treatments; and other factors such as the woman's age and how long the couple have already been trying for a baby.

The main factor determining the type of treatment used is the actual cause of the sub-fertility, if known.

- **Ovulation failure** This is essentially indicated by amenorrhoea (lack of menstruation) or oligomenorrhoea (infrequent periods) due to a number of causes. Given accurate diagnosis it is possible to treat all women who fall into this category with the exception of those who have undergone premature menopause.

Many women respond well to clomiphene (Clomid or Serophene) which is taken in tablet form for five days at the beginning of the cycle. The drug stimulates the output of follicle stimulating hormone (FSH) which is responsible for the growth and ripening of ovarian follicles. About half the couples treated can achieve pregnancy after six months of treatment.

Bromocriptine (Parlodel) is used in the small group of women who fail to conceive because they have raised levels of the hormone prolactin. Investigations are required to determine the cause of this over-production by the pituitary gland.

Gonadotrophins (Pergonal and Metrodin) may be used in women who fail to respond to clomiphene. These drugs are given by injection in the first part of the cycle. They contain natural hormones which stimulate the follicular growth in the ovaries directly. Treatment must be monitored to avoid the problem of hyperstimulation.

For women with a normal pituitary gland but hypothalamic problems, ovulation may be induced with a gonadotrophin releasing hormone such as Fertiral. This drug has to be given repeatedly and a pump mechanism which gives small doses at regular intervals day and night may be used.

Buserelin (Suprefact) is administered in the form of a nasal spray and may be used in conjunction with gonadotrophin therapy in patients with polycystic ovary disease. This drug lowers the body's own FSH and LH levels and may lead to an improved response to injected gonadotrophins.

- **Tubal problems** If the fallopian tubes are damaged, diseased or obstructed, surgery may be an option. If one tube is normal, however, this is not usually recommended. The type of operation performed will depend on the extent of the problem and where in the tubes it occurs. Good results can be achieved by experienced surgeons with the aid of microsurgical techniques.
- **Male infertility** It is generally recognised that in at least 40 per cent of infertile couples, there is a male factor contributing to the problem. This can be anything from complete absence of sperm in the semen (azoospermia) or a low sperm count (oligospermia) to the presence of varicose veins (varicocele) or excessive fluid (hydrocele) around the testicles.

Occasionally there may be an anatomical defect in the development of the penis which means that sperm can not be deposited in the vagina very easily. A small proportion of men have retrograde ejaculation where the semen is forced backwards into the bladder instead of out through the penis.

Although a considerable amount of information can be obtained about the cause of male infertility, this is probably academic as, especially in azoospermia, there is little in the way of available treatment. In the case of oligospermia, the man can be advised to stop smoking, reduce alcohol intake and work pressure and lose weight if obesity is a problem. Hot baths and tight trousers are also detrimental to sperm production and should be avoided. With developmental abnormalities, surgical intervention may be possible, but not always successful.

- **Endometriosis** This is a condition that arises when cells of the uterine lining pass backwards along the fallopian tubes to implant in the pelvis around the uterus and ovaries. These cells continue to act like normal uterine tissue and bleed when the woman undergoes menstruation. This can lead to scarring, blood-filled cysts and pain.

Endometriosis is linked to a marked decrease in fertility although how this happens is a matter for debate. Some experts believe that, rather than affecting fertility itself, both endometriosis and sub-fertility may be an effect of another, as yet unknown factor.

A woman with minor endometriosis who has been infertile for more than two or three years will have a much lower chance of conceiving naturally than the average.

Frequency of causes of infertility

Causes	Percentage of couples
Ovulatory damage	21
Tubal damage	14
Endometriosis	6
Mucus defect/dysfunction	3
Sperm defects/dysfunction	24
Other male infertility	2
Coital failure	6
Unexplained	28
Others	11

The total is greater than 100 per cent because some couples have more than one cause

Many drug treatments for endometriosis are themselves contraceptive and although surgical removal of severe endometriosis seems fairly successful, assisted conception techniques such as GIFT or IVF are usually recommended.

• **Unexplained sub-fertility** This is especially frustrating because of the absence of any specific cause and hence the lack of any treatment. Couples with unexplained sub-fertility of less than three years duration are mostly normal and have simply been unlucky to date. All they need, apart from diagnostic investigations, is advice and encouragement.

However, if the woman is in her late 30s, the balance of treatment may be tipped in favour of assisted conception such as IVF. After more than three years of unexplained sub-fertility, the chance of natural conception offers unrealistic hope. As there is only marginal benefit to be offered by stimulating ovulation, which in most cases occurs naturally anyway, assisted conception is the answer.

A helping hand

In 1977, Steptoe and Edwards achieved the first successful human pregnancy by the technique of in-vitro fertilisation (IVF) and embryo transfer, and a new medical term — test tube babies. The success was hailed as a miracle by many women who had almost given up hope of conceiving, and in the years that have followed, the technique has been improved and other variations introduced.

The reported success of assisted conception is difficult to judge because of inconsistent criteria. However, pregnancy rates per IVF cycle approach 30 per cent and, more important, birth rates of around 25 per cent per cycle can now be expected in women under 40 whose partners have acceptable sperm function. The different types of assisted conception currently available include:

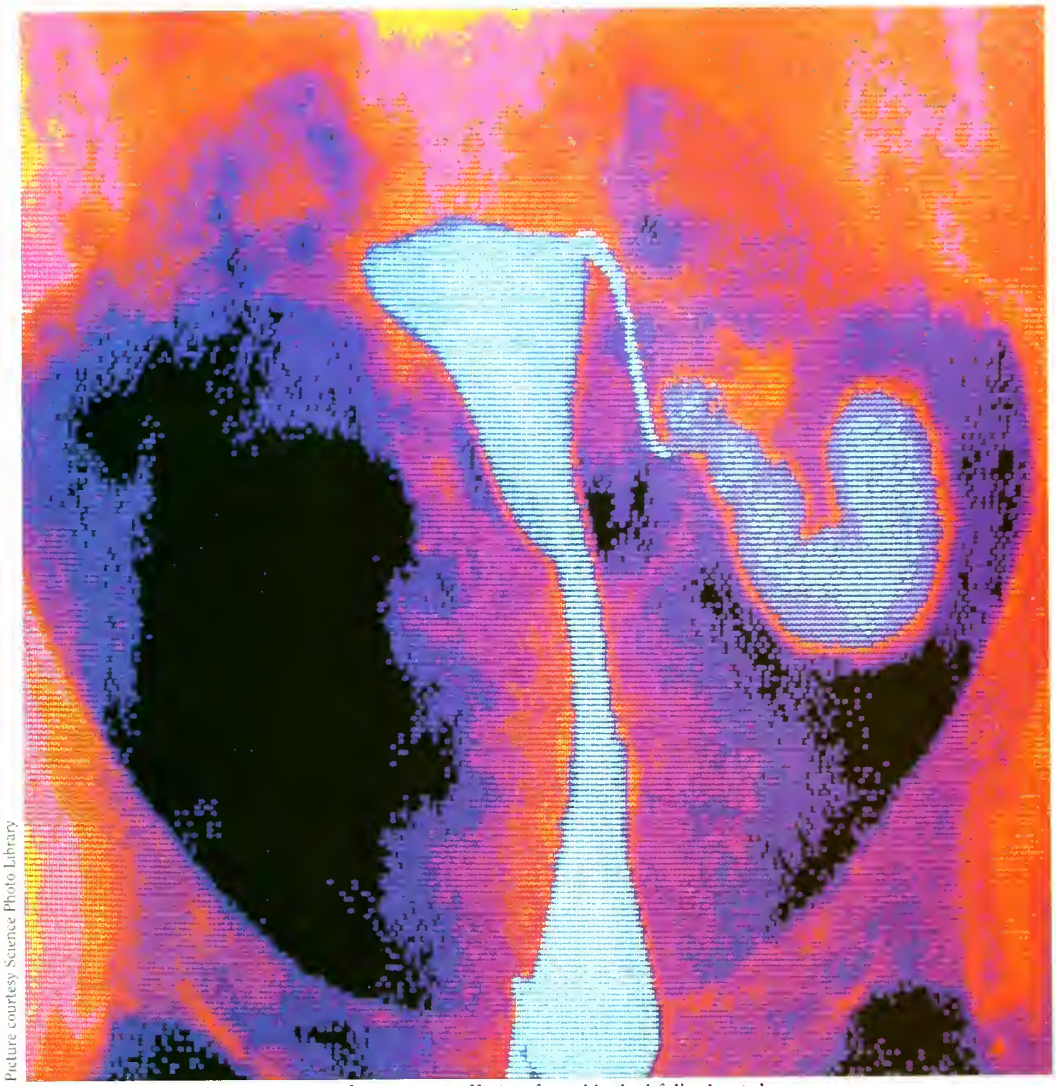
• **In-vitro fertilisation (IVF)** The principle here is that the egg is removed from the ovary just prior to ovulation and fertilisation takes place in the laboratory with a prepared sample of her partner's sperm. Occasionally donor sperm may be used. If fertilisation occurs, the early embryo is replaced inside the womb about four to eight hours later.

The ovaries are stimulated with drugs so that several eggs ripen at once (superovulation). Usually more than one fertilised egg is replaced in the womb to increase the likelihood of pregnancy. However because of the risks associated with multiple pregnancies, most IVF centres limit the number replaced to three or four.

• **Gamete intra fallopian transfer (GIFT)** This can only be used to assist conception when one or both of the fallopian tubes are normal. Again, several eggs are stimulated and removed prior to ovulation. Eggs are then mixed with sperm and replaced, by means of a laparoscope, into the fallopian tube when, hopefully, fertilisation occurs.

• **Artificial insemination** This can involve the use of sperm either from the husband (AIH) or from a donor (AID). The sperm is placed into the neck of the womb or through the neck of the womb at the time of ovulation.

• **Zygote intra fallopian transfer (ZIFT)** This is the ultimate logical treatment for unexplained infertility. The technique is similar to GIFT but instead of both eggs and sperm being placed in the fallopian tubes, in ZIFT, early embryos (zygotes) are transferred. This quite complex treatment involves the best of GIFT and IVF. Fertilisation is known to have occurred and the embryos have the opportunity to enter the uterus naturally. As with GIFT, the fallopian tubes have to be healthy.



Picture courtesy Science Photo Library

False colour hysterosalpingogram of a woman suffering from blocked fallopian tubes

AIH — Artificial insemination by the partner
DI — Donor insemination
GIFT — Gamete intra-fallopian transfer
HSG — Hysterosalpingogram
IUI — Intra-uterine insemination
IVF — In-vitro fertilisation
MIST — Micro-insemination sperm transfer
SUZI — Sub-zonal insemination
UDOR — Ultrasound-directed oocyte recovery
ZIFT — Zygote intra-fallopian transfer

If all else fails

Couples who are experiencing difficulty having a baby or who know that a pregnancy is not possible, often find the idea of adoption attractive. However, the demand for babies is over one hundred times greater than their availability and as a result, local authorities may periodically close their list to prospective applicants. The setting of an upper age limit for adoption may discount many couples, especially those who have waited for years to see if assisted conception will work.

Some couples consider adopting an older child or one with special needs but in all cases, the requirements of the child are paramount. Adoption from overseas is another option and is perfectly legal provided the adoption requirements of both the child's country of origin and the couple's home country are fulfilled. Help can be obtained from adoption agencies and patient support groups.

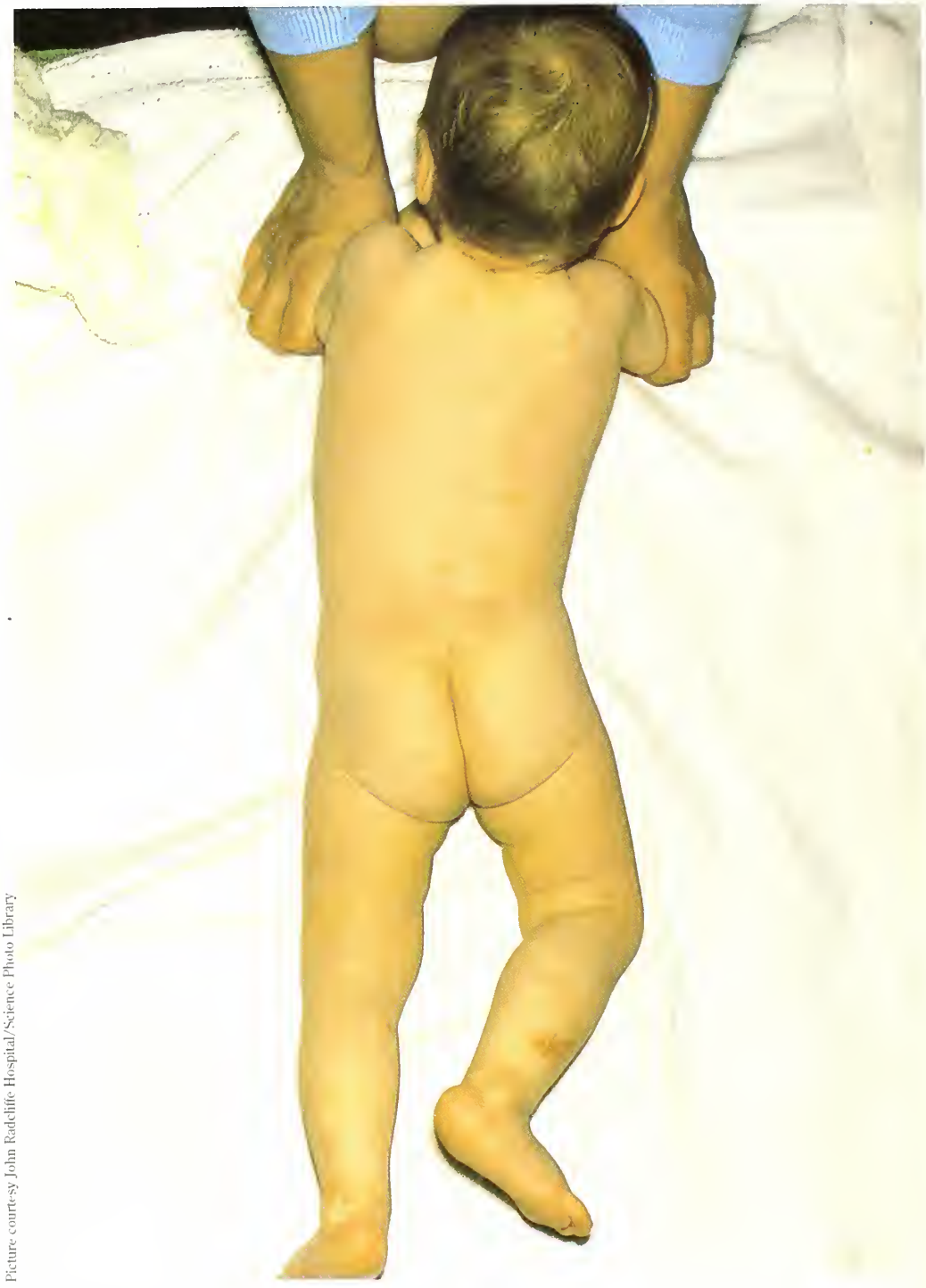
Many couples find it difficult, almost impossible, to come to terms with the fact that they may never have children. The strains and stresses this can cause may put an otherwise stable relationship in jeopardy. Organisations such as Issue, the National Fertility Association (formerly NAC) and Child help to bring together infertile couples and also offer up to date information on treatments and techniques available. Issue has produced a number of booklets and fact sheets on different aspects of sub-fertility, including some aimed at childless couples. Members can also be put in touch with support groups that are in their area.

There are compensations to be found in having the freedom to develop yourself rather than focusing for many years on a child and these positive points should not go unemphasised to couples coming to terms with infertility. A life without a child is not a wasted life as those who learn to shun bitterness and regret in the face of such a situation eventually discover.

Additional information courtesy Issue and Serono

I got you under my skin

Someone who complains of an itchy rash in the same place on both sides of the body may have scabies. Adrienne de Mont looks at the latest ideas on treatment



Picture courtesy John Radcliffe Hospital/Science Photo Library

Anyone can catch scabies, regardless of age, social status and cleanliness. The main symptom is severe itching, caused by an allergy to the dung and saliva of the mite *Sarcoptes scabiei*. The mite passes from one person to another by prolonged skin contact.

The mites measure just over 1mm and are visible to the naked eye but are usually buried under the skin. The pregnant female burrows through the horny layer of the skin and lays her eggs just above the boundary between the epidermis and dermis. The faeces contain water-soluble glycopeptides which seep from the burrows into the skin and cause the allergic response.

It can take six to eight weeks, sometimes as long as ten, before a person becomes sensitised and the itching starts. During this time the person is symptom-free and can unknowingly infect others.

Symptoms

Scabies should be suspected in anyone who presents with a widespread itching which is the same on both sides of the body but which does not affect the head, or centre of the back or chest. It is often worse at night.

The rash is fairly inconspicuous, often with small papules, but some people damage their skin by scratching until they bleed.

Distribution of the rash bears no relationship to the sites at which the mites are present. The mites are mostly confined to the hands or wrists; sometimes they appear on the genitalia of both sexes and the breasts of women. A classical sign of scabies are penile nodules which may occur in men and boys six to eight weeks after the itching has started.

The burrows may be more easily felt than seen. The rash can be found on the fingers, wrists, forearms, armpits, sides of the thorax, around the waist, lower buttocks, the insides of the legs and around the ankles.

Patients with an immune deficiency react differently to the mites, resulting in a more rare condition known as crusted or hyperkeratotic scabies. There is no itchy rash but after many months the skin becomes scaly and crusted; these areas may appear anywhere on the body and are not bilaterally symmetrical as in classical scabies. Several thousand mites may be present. This condition tends to occur in the elderly, people with AIDS and those on immunosuppressant drugs.

Between the two extremes of classical and crusted scabies is atypical scabies. The symptoms vary widely according to the patient's immune status and can occur in people who have used topical steroids to suppress undiagnosed itching.

Scabies can be confused with eczema, but the latter may affect the face and does not produce the characteristic burrows or penile nodules.

Spread

Scabies is spread only by skin contact for several minutes between human beings, commonly by holding hands. People can also infect other areas of their own body.

The mites cannot jump from one person to another, nor do they run along the skin surface, as their eight legs have been adapted for burrowing.

They spend their lives in the warm, moist skin tunnels and if they leave the human body they soon dry out.

They are not spread via clothing and bedding so there is no need to boil underwear, towels and sheets, disinfect the house or treat pets.

Scabies is prevalent in old people's homes and usually spreads through the family if one person is infected.

Treatment

Dr John Maunder, director of the Medical Entomology Centre at the University of Cambridge, avoids the words 'treatment of choice' because there is a risk of resistance developing if one product is favoured more than others.

Instead he advises 'mosaic prescribing' in which malathion

(Derbac-M) is given to one patient and permethrin (Lyclear Dermal Cream) to the next. Although resistance has developed to lindane (Quellada), he believes there is still a place for it as part of a rotational policy, particularly in the elderly who are unlikely to reproduce themselves! It is still very effective in areas where there is no resistance.

He thinks that benzyl benzoate (Ascabiol) has had its day and that there is no point in using five applications of crotamiton (Eurax) when one application of the newer products will do.

Alcohol-based preparations should be avoided as they sting damaged skin.

Treatments are mostly prescribed by doctors, but Dr Maunder thinks that pharmacists can make a useful input by reminding GPs that resistance may occur if they overuse one particular scabicide. Pharmacists can also point GPs in the direction of the newer, more effective products if they are still regularly prescribing the older remedies.

The scabicidal lotion should be applied to cool, dry, clean skin. The older preparations were recommended after a hot bath but the *British National Formulary* says there is evidence that this may increase absorption of the effective agent into the bloodstream, taking it away from its site of action on the skin.

Other traditional advice was to scrub the skin first, which Dr Maunder believes is unnecessary. And the recommendation to apply the products with a paint brush merely perpetuates the myth that people with scabies are unclean, he says.

Another myth is that there is no need to treat the head. Mites can be present on the face and ears, particularly in the elderly and children under two, and ignoring these areas often leads to treatment failure. Dr Maunder says that the newer, more pleasant preparations can be used to cover the whole body up to the hairline, including underneath the toe and finger nails and the soles of the feet.

Although the mites are usually killed within minutes, it can take up to a week for the dung which is causing the irritation to wear out of the skin. Oral antihistamines may be used to control the itching, but only for four days or assessment will be difficult.

All infected people living in the same house should be treated at the same time as, ideally, should any person who has held hands (not just shaken hands) with the patient in the previous two months.

People with crusted and atypical scabies and those with a history of treatment failure can be re-treated after three days.

Life cycle

The life of the male mite is a short but happy one.

While the female is busy burrowing tunnels and laying eggs, the male is down in the tunnels looking for virgins to fertilise. The males mate more than once and die in two or three days.

The female lives about six weeks and lays about three eggs a day, which are glued to the tunnels behind her. They take about three days to hatch.

The larvae, which have only six legs, start burrowing new tunnels off the mother's tunnel. After three days they moult into nymphs, when they have eight legs, then moult again after a further three days.

If they are male they are now adult but females moult again after another three days.

Preparations

Although the preferred treatments are now Derbac-M and Lyclear Dermal Cream, the others have been included for the sake of completeness.

- **Benzyl benzoate (Ascabiol)** This once popular treatment has been superseded by newer, less irritant preparations.

One application is usually enough but the possibility of failure is reduced if a second application is made within five days. Alternatively, the emulsion can be applied on three occasions at 12-hourly intervals. A hot bath should be taken 12 hours after the last application.

Use in pregnancy is not advisable and breastfeeding should be suspended during treatment; feeding may be resumed after the emulsion has been washed off the body.

If severe skin irritation occurs, the preparation should be washed off with warm water and soap.

- **Crotamiton (Eurax)** is applied once daily, preferably in the evening, for three to five days. It is also antipruritic, so may be used to control itching after treatment with more effective acaricides — although the BNF recommends calamine as being more suitable if the skin is damaged.
- **Lindane or gamma benzene hexachloride (Quellada)** should only be used as part of a rotational policy because of the risk of resistance. It is relatively toxic and should not be used on children under four, pregnant or breastfeeding women, people of very low bodyweight and epileptics.
- **Malathion (Derbac-M)** is left on for 24 hours. This is preferable to Prioderm as alcoholic lotions may irritate damaged skin.
- **Permethrin (Lyclear Dermal Cream)** The cream should be left on for at least eight hours then washed off with soap and water no more than 24 hours later. Children under two years should have their faces and scalps treated, avoiding the mouth.

Medical supervision is recommended for children between two months and two years and for people over 70.

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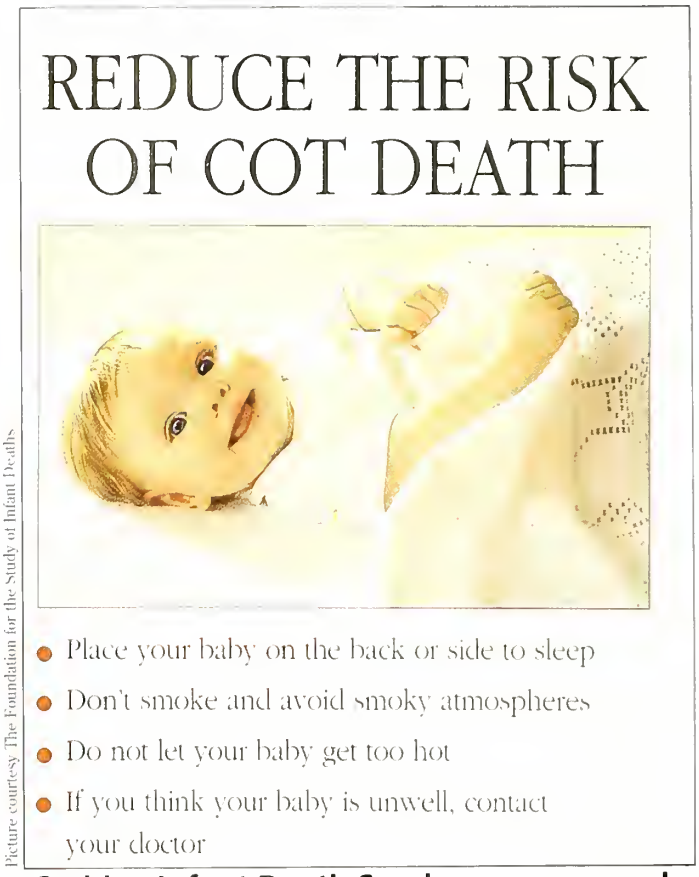
Cut down on on cot deaths



Picture courtesy The Foundation for the Study of Infant Deaths

Sudden Infant Death Syndrome, commonly known as cot death, causes several hundred deaths annually. Although the cause is not known there are a number of ways of reducing the risk to babies. Maria Murray investigates their effectiveness

The sudden death of a young baby is a horrifying prospect for any parent. Yet every week in the UK about 12 babies die from sudden infant death syndrome (SIDS), often referred to as cot death. SIDS is a sudden infant death, unexpected by history and unexplained by post-mortem examination.

It is the most common cause of death of babies aged between a week and a year with a peak incidence between the second and fourth month of life. Almost all the deaths occur when the baby is thought to be asleep, usually at night. Cot death appears to be more common in boys than girls — statistics from 1992 show that 64 per cent of all cot deaths were in baby boys.

Incidence is also higher in lower socio-economic groups, in prematurely born babies and in babies whose mothers smoked during pregnancy.

What causes it?

The exact cause of cot death is unknown but it is thought to be associated with dysfunction of neural cardiorespiratory control mechanisms.

The incidence of cot death is slightly higher in winter at 60 per cent. It has been suggested that respiratory infections, which are more common, may be a contributory factor.

Less than 1 per cent of deaths are due to inherited disorders, such as an enzyme disorder.

Although the exact cause of death is not known, research has established factors that appear to increase the risk:

- Sleeping position
- Overheating
- Smoking

Less certainty surrounds the significance of breastfeeding and bedsharing.

Sleeping position

Babies should be placed on their back or side. Research shows cot death is three to eight times more common in babies who sleep on their stomach which may be caused by a physical obstruction to breathing, or other mechanism.

Babies placed on their sides should have their lower arm brought forward so they do not roll onto their stomachs.

The Foundation for the Study of Infant Deaths (FSID) recommends parents should not use a soft mattress in a baby's bed as it could surround the face and hinder breathing. Irrespective of type, the mattress should be kept clean to protect against infection.

Temperature

The ideal room temperature for babies is between 61 F and 68 F (18 C and 21 C). Overheating poses a greater danger for babies than slight chilling.

Duvets, quilts, baby nests and cot bumpers are not recommended for babies up to a year old. Temperature is more easily controlled using sheets and light blankets.

Heat lost through the head provides an effective thermo-regulation mechanism, so it is important that the baby cannot slip underneath the bedclothes. The bed should be made up with the baby close to the foot so it cannot wriggle down and become covered by bedclothes.

No smoking

Smoking during pregnancy has been shown to increase the risk of cot death, the risk increasing with the number of cigarettes smoked daily. Babies born to mothers who smoke during pregnancy tend to be small and low birth weight has been linked to cot death.

Bedsharing

It has been suggested that a baby who sleeps in the same bed as its parents may have a reduced risk of cot death as it helps the development of optimal sleeping patterns, but results of studies conflict.

However, there is a danger the baby may get covered by the bedclothes or become overheated as parents sleep.

Until further studies are completed the FSID advises parents to keep the baby's cot beside their bed.

Although breast milk is the best for a baby for many reasons, it is not yet clear whether it can reduce the risk of cot death.

Risk reduction

Identifying risk factors means some children can be monitored during high risk periods and measures taken to protect the child. Increasing parental awareness of the importance of sleeping position, overheating and smoking has been shown to reduce cot deaths.

In December 1991, the Department of Health launched a 'Back to Sleep' campaign to reduce the risk of cot death. It led to improvements in sleeping positions, use of bed coverings and attitudes to heating. The following year, incidence almost halved from over 900 deaths (1991) to 456 (1992).

Unfortunately, the campaign had no effect on the prevalence of smoking or breastfeeding. In 1991, FSID also mounted a national 'Reduce the Risk of Cot Death' campaign.

Monitors

Although many parents are under the impression that breathing monitors can prevent cot deaths, this is not always true. Most breathing monitors detect breathing movements and cannot tell if the baby's air passages have become blocked. It is also not clear in cot death cases whether a baby has died because it could not breathe or whether its breathing stopped because it had died.

Earlier this year, a monitor distributor was forbidden by the Advertising Standards Authority from mentioning the words 'cot death' in their advertising. The decision followed complaints about brochures and advertising which referred to parents' fears about cot death.

Coping with SIDS

Many parents are shocked and upset to receive a visit from police and social workers following the death of their child. It is the law that all sudden and unexpected deaths are investigated by the the coroner to certify the cause of death. The coroner's representative, usually a policeman, will ask the parents for information and in some cases CID will also visit the house. Bereaved parents need to be reassured that this is a formality and they have no reason to feel guilty.

During the following months the family will require sympathy and understanding to help them overcome their grief.

Parents who have another child following a cot death often need support and advice as they may become over-protective of the child. It is true that subsequent babies are at slightly increased risk, but of every 500 born, 495 will survive. FSID has set up the Care of the Next Infant (CONI) scheme.

Conclusion

Although there has been a significant reduction in the number of cot deaths during the past few years, there is still some way to go. More research has to be carried out to establish the cause, or causes, of sudden infant death. Expectant mothers or new mothers coming into the pharmacy should be reminded of the above precautions.

- Further information and leaflets or fact sheets can be obtained from **The Foundation for the Study of Infant Deaths (FSID), 35 Belgrave Square, London SW1X 8QB. Tel: 071 235 0965.** The charity raises funds for research into the causes and prevention of cot death, offers personal support to bereaved parents and provides information to the public and health professionals about the syndrome. It also runs a 24-hour helpline. **Tel: 071 235 1721.**

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THE TIMES

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DAILY MAIL

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DAILY MAIL

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Presentation: Transdermal Therapeutic system containing nicotine, available in three sizes (30, 20 and 10cm²) releasing 21mg, 14mg and 7mg of nicotine respectively over 24 hours. **Indication:** Treatment of nicotine dependence, as an aid to smoking cessation. **Dosage:** Stop smoking completely when starting treatment. For those smoking more than 30 cigarettes a day, treatment should be started with NICOTINELL TTS 30 once daily. Those smoking less should start with NICOTINELL TTS 20 once daily. Sizes of 30, 20 and 10cm² permit gradual withdrawal of nicotine replacement, using treatment periods of 3-4 weeks with each size. Doses above 30cm² have not been evaluated. The treatment is designed to be used continuously for three months, but not beyond. However, if still smoking at the end of the three month period, further treatment may be recommended following a re-evaluation of the patients motivation. **Contraindications:** Non smokers, occasional smokers, children under 18 years. As with smoking, NICOTINELL is contraindicated during acute myocardial infarction, unstable or worsening angina pectoris, severe cardiac arrhythmias, recent cerebrovascular accident, pregnancy and breast feeding, skin diseases preventing patch application and known hypersensitivity to nicotine. **Precautions:** Hypertension, stable angina pectoris, cerebrovascular disease, occlusive peripheral arterial disease, heart failure, hyperthyroidism, diabetes mellitus, renal or hepatic impairment, peptic ulcer. Persistent skin reaction to the patch. **Keep out of the reach of children at all times. Side effects:** Smoking cessation causes many withdrawal symptoms. Most common adverse effects directly related to nicotine patches are reactions at the application site (usually erythema or pruritus). Other events which may be related to smoking cessation include headache, sleep disturbances, gastro-intestinal disturbances, and myalgia. **Legal category:** P. **Packs:** NICOTINELL TTS 10 (PL0001/0173) in packs of seven patches, trade price **£8.21**, retail price **£14.47**. NICOTINELL TTS 20 (PL0001/0174) in packs of seven patches, trade price **£8.64**, retail price **£15.23**. NICOTINELL TTS 30 (PL0001/0175) in packs of seven patches, trade price **£9.07**, retail price **£15.99**. ® denotes registered trademark. **PL Holder:** Ciba Geigy Plc, Macclesfield SK10 2NX. Further information is available from Zyma Healthcare, Holmwood RH5 4NU. **Date of preparation:** January 1994. 0194/655

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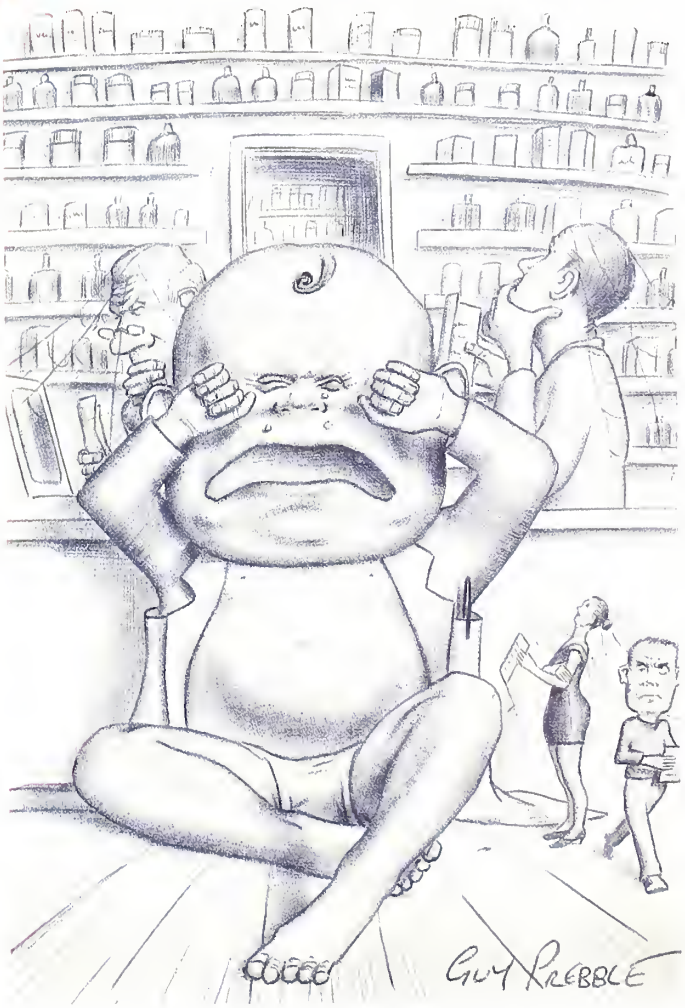
NIELSEN MAR-APR 1994 REG MEAL MAY 994

Keep it simple, stupid

Glasgow locum Anne Knox rues the day one of her favourite pharmacies fell into the hands of a man with no previous knowledge of community pharmacy. She sets out some rules to prevent a business sliding into chaos when placed in inexperienced hands



Rule one must be to keep as many of the existing dispensing staff as possible for the first week or two. If this means operating with two pharmacists for a short period, so be it.

If the pharmacy has a high volume of dispensing, you cannot drop staff levels from one pharmacist plus two technicians in the morning, and one pharmacist with one technician in the afternoon, to one pharmacist plus one pair of hands in the morning, and one pharmacist doing a solo run in the afternoon. Do remember that your locum pharmacist will be working in a strange environment.

Keeping familiar faces at the counter will not fool your customers into thinking that nothing has changed. All of them, from the daily methadone addicts to the man up the road with a prescription like a shopping list, are used to being served reasonably promptly. If they have to wait, the familiar face which took the prescription in the first place is no consolation.

The man who lives a bus ride up the road will be particularly disgruntled if, after the long wait, he is asked to come back the next day to collect a balance. Some patient souls will stay with you, waiting for the bumps to be ironed out, some will go up the road. Once they have gone elsewhere, you might never have them back.

Satisfied customers would have justified the short-term expense of keeping more staff, even two pharmacists at the same time.

Rule two

Do not change your computer system within the first week or two. We all know the value of patient medication records, not just in picking up possible hazardous interactions but in making up for the day-to-day shortcomings in prescriptions. Without records, you are going to waste time on the phone every time an incomplete prescription is handed over.

Since the software in many medical practices will apparently accept inhalers by name only, without specifying strength or type — or even without differentiating between metered dose inhalers and diskhalers — you will be reduced to leaving the prescription aside until the customer comes to collect it, in the hope that they will have a sample of their usual inhaler in their pocket.

And what if you run a cassette dosing system for a residential home? Do you know how much work is involved in entering their records all over again? Does your pharmacist know how to make the new system print box labels and lists?

It takes time to cajole doctors and their receptionists into providing the monthly prescriptions, even with a clearly printed list. They will look askance at a handwritten list. Besides, when you generate your own list, you keep track of exactly who gets what, and from which practice.

It is, of course, possible for computer software experts to convert your back-up records into a form suitable for loading into a new system, but why add extra complications?

Rule three

Take your time before refitting the dispensary. The old arrangement may be illogical. It has probably grown organically as new drugs appear and older ones convert to blister packs which will not fit into their previous slots. For your pharmacist, learning the way around an idiosyncratic system may well cause less disruption than a partial refit.

Give yourself time to decide on the best final arrangement, one which will be easy to work, which will accommodate all likely future changes. In a small pharmacy with a heavy load, a refit is not to be undertaken lightly. Unless your pharmacist has become familiar enough with the daily dispensing to advise you of the possible pitfalls, you may well discover that your refit will need to be refitted.

All rules spring from one simple fact. A pharmacy is not just an investment. It involves people, as all service industries involve people. You have to allow for an infinite number of variables, called customers, not to mention the doctors, and the medical reps who might have visited them the previous week.

Your investment, since it depends on human users, is also a living organism. Like its customers, it is unpredictable.

Unless you find the proper balance between economics and satisfied customers, your investment is going to bring you less return than you expected. You must learn to accept that economic principles may not turn out very well on a busy Saturday morning.

You have to decide which comes first, cash or the public. Unless you put the public first, the cash may disappoint you.

Robert Gartside (above), vice chairman of the Welsh Executive of the Royal Pharmaceutical Society, gives his personal view of the pitfalls for community pharmacy that could result if the wrong people get the wrong jobs in the National Health Service

There is a difference between calendar packs and blister packs. In true Drug Tariff fashion how to endorse, and whether you need to get the scissors out, can be confusing. The Pharmaceutical Services Negotiating Committee seeks to clarify ...

1. If this prescription was not endorsed what quantity would be paid?
2. If the calendar pack was used and the prescription was endorsed only with the pack size and no quantity, how many tablets would be priced?
3. Could the exact quantity be dispensed using the calendar pack?
4. If the exact quantity was dispensed could broken bulk be claimed on the remainder?
5. Could complete calendar packs be supplied for this quantity?

1. If unendorsed, the exact quantity would be priced from the 30-blister (non-calendar) pack. Where there is a choice of a calendar pack and non-calendar pack, the calendar pack is only used for pricing when endorsed.
2. If only the pack size was endorsed without a quantity, the nearest number of tablets would be priced, in this example 56. The guideline for cases such as this is:
- Up to halfway (into a pack) price less
- Halfway or more price more, ie 50 tablets is nearer to 56 than 42

3. The calendar pack could be cut so that the exact quantity was supplied.
4. If the calendar pack is cut, broken bulk could be claimed on the remaining tablets up to the next sub-pack or full pack. ie: 50 ex 2 x 28 claim broken bulk — 56 tablets would be priced.
5. Yes, complete calendar packs could be dispensed to cover the quantity ordered, eg 50 ordered, so 2 x 28 dispensed. Calendar packs may be dispensed as follows:
- The exact quantity may be supplied
- The nearest calendar pack or sub-pack may be supplied
- Complete packs may be supplied to cover the quantity ordered.

NHS 1996: a whole new ball game?

Very few people seem to have realised yet that the nature of the NHS contract may well be changed beyond all recognition in the near future, as a result of the re-organisation of the health districts and FHSAs. We could all find ourselves being run by hospital pharmacists!

The new bodies will very much see themselves as 'commissioners', or purchasers of health, and they are being encouraged not to pay too much attention to what has gone before. They may not have any 'professional' board members at all, but instead will take advice from their employee professional advisers.

This will be a big change, so big that its magnitude has not yet sunk in and is worth emphasising.

It looks very much as though there will be no contractor representation on the new health boards. The days when the local pharmaceutical and medical committees nominated their representatives are passing.

The only professional advice will be from the board's employees, and in the case of pharmacy many of these employees are hospital orientated and trained.

Virgin graduates

Now there is nothing wrong, and plenty that is right, with a hospital training in pharmacy, but it does nothing to prepare the tender, virgin graduate for the rough and tumble of the commercial world.

It really has been quite entertaining to watch the reactions of newly-appointed chief administrative pharmaceutical officers and FHSA pharmaceutical advisers as they slowly, oh so slowly, come to realise the real truths about, for example, doctor dispensing, or the shenanigans of some of the less altruistic contractors.

But entertainment will turn to dismay when it is realised that these pharmaceutical innocents are going to provide the sole, professional advice on such matters as minor relocation, new supermarket pharmacy openings and new dispensing doctor applications.

Some have put to me forcibly the view that, so long as a pharmacist does the dispensing, it does not matter whether the pharmacy is owned by a doctor, or indeed, by a pharmaceutical manufacturer on the American model.

In Wales there is even worse news. The chief administrative pharmaceutical officers have been renamed 'directors of pharmaceutical public health', whatever that may mean. There is to be a newly-established day-release course leading to an MSc, no less, in pharmaceutical public health.

Look ahead a few years and only applicants with this MSc will be shortlisted for the health board jobs. It is unlikely that any commercial employer will give time off for an employee to undertake a course which would only be of value to another employer.

And since all of the good people in community pharmacy will be too busy running their jobs and progressing in their company, only those pharmacists working in hospitals will be able to undertake this course, and only they will be appointed to the jobs.

No disrespect

I mean no disrespect, but it is easy to see that within a few years all of the decisions affecting pharmacy in the community will be made by box-wallahs with no community experience.

Already it is being said that the CAPOs are generalist administrators who have the ability to make decisions. This is the worst of the Civil Service myths, for it treats decision making as a mechanical process.

Any fool can follow a flow chart and set of rules so as to arrive at a decision, but there is nothing in the process which will ensure that the decision is wise, just, or sensible. Indeed, if the flow charts and rules are wrong or inept, then the decisions will also be wrong or inept.

If the flow charts and rules have a hidden design to ensure, let us say, that only green-haired pharmacists are awarded new contracts, then only green-haired pharmacists will succeed. The appropriate course of action will have been followed, but the resulting decision will be a nonsense.

On present evidence, this looks to be the future for community pharmacy unless, of course, we get our act together now and ensure that the new health boards are provided with the right kind of advice by the right kind of route.

It's good to talk ...

... so said vice chairman of the Royal Pharmaceutical Society Ian Caldwell, summing up the underlying theme of this year's conference of Scottish pharmacists. The title 'Drug therapy — who should say what to whom?' hammered home the importance of counselling and advising patients

Pharmacists are crucial in bridging the knowledge gap that exists between doctors and patients, said David Dickinson, editor of *Which? Way to Health*.

He confirmed pharmacists' "fundamental role in healthcare", but believed they must recognise the shift in the professional role from dispenser to adviser. In short, pharmacists should act as professional guides in ensuring patients get the best from their medication.

He cited *Which?* research which discovered that one-third of people have problems in understanding medicine labels: 5 per cent thought 'Not for external use' meant it was fine for use on lips and mouth. And moving into the realms of clinical diagnosis was equally confusing: 39 per cent thought hypertension was the medical term for excess stress. "The pharmacist is the last line of defence in this linguistic confusion," he added.

Mr Dickinson pointed out that, although there was now an "information revolution" to help patients understand their medication, they still have problems in divining what is important for them to know.

The "discriminating guide in a sea of information" was the pharmacist, he said, and pointed out that around 90 per cent of patients want to know more about their medication.

And pharmacists must also use their communication skills in determining which patients do not want to know more. "Conversation is the only practical way of gleaning this information," he said.

Pharmacists must become more open to change and training. "It's communication skills that the profession will be increasingly judged upon — and professional bodies need to recognise this and act on it. This way we will get drug information that is accurate and acted upon by people in a way they understand," he concluded.

Which? editor David Dickinson

Which? hunt

"There is a genuine public affection for pharmacy as a profession, and I back that wholeheartedly — but it's not the same as giving 100 per cent good advice," said David Dickinson, editor of *Which? Way to Health*.

Chairman of the Royal Pharmaceutical Society in Scotland Dr Gordon Jefferson queried *Which?*'s use of covert research in its surveys.

"I can't see the problem," said Mr Dickinson. He pointed out that many people recognise that the principles of covert research replicate their own experiences. As such, it works as a "powerful factor" in having the public accept research findings.

One conference attendee was concerned that researchers would not respond to questioning in the same manner as a sick person. Mr Dickinson countered that only half the pharmacists in *Which?* research asked any questions at all.

But he welcomed the profession's attempts to counter criticism via protocols. "At the Consumers' Association we are very cheered by the protocols — they really are heading in the right direction," he said.

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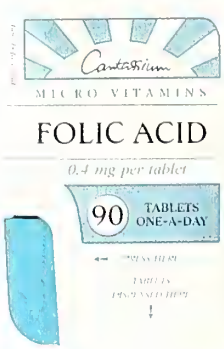

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Fewer complaints could be bad news for profile

The low level of pharmacist complaints may not necessarily be a good thing, as it may be a consequence of low consumer profile.

Michael Williams, chairman of the consumer organisation Lothian Health Council, revealed that it received "negligible" numbers of complaints concerning pharmacy services. But he suggested this may be because "pharmacy tends not to be high-profile in the NHS. Or because there is a fairly low level of public expectation about the pharmacist's health promotion role". A rise in pharmacy profile in this area would produce a corresponding increase in the number of complaints.

One of the main complaints concerned "inadequate information" about medication. Patients want more consultation time, especially about the side-effects of drugs and the optimum time to take medication. Mr Williams believed this need could be expanded, allowing pharmacists to develop opportunistic health promotion.

As pharmacists are seen as trusted professionals with expert knowledge of health and medicines, he asked: "Is there a better group of people who are well placed to do this [health promotion]?"

Michael Williams

For this to be successful, training and counselling skills are required, both of which are currently lacking in the profession. "Perhaps this is a fundamental problem with the training of pharmacists?" he asked.

But there are other grave concerns for patients. Echoing fellow speaker David Dickinson, Mr Williams said: "Labelling needs to use plain, understandable English and have large print."

Packaging also needs to be reconsidered with attention paid to individual needs, such as plain tops for arthritic patients and the use of monitored dosage systems.

Looking at life style

Medication is not the only input pharmacists can have on patient outcome: they can also have a direct effect on life style changes, reminded George Lindsay of the Edinburgh Centre for Medical Education.

Mr Lindsay was involved in the SHARING (Self Help, Advice, Resource in Gastro-enterolgy) programme which investigated 28 community pharmacists' impact on health advice. It came in the form of a three-part programme.

The first part explained the GI tract, various conditions, medications used to treat them and life style factors. The second divided into sections dealing with specific advice on smoking, food and alcohol. The final part comprised a patient action plan where patients completed a questionnaire on their habits and returned it to the pharmacy. The pharmacist then fed the information into a computer system which produced a personalised advisory letter.

The packages were distributed to 535 patients with 283 returning their action plans — a 53 per cent response rate. Some 60 per cent said they had

George Lindsay

received some benefit from the programme with 25 per cent implementing some life style changes.

Patient interviews threw up a strange paradox: patients said they did not want life style advice from their pharmacist, but were delighted when this was given within the programme. Mr Lindsay concluded: "If pharmacists try to give patients that information in isolation, they will run into difficulty as patients do not want it."

The results proved that if pharmacists are provided with good educational and back-up resource material, it leads to "job satisfaction for the pharmacist and satisfaction for the patient, and a degree of clinical benefit for the patients who receive this advice", said Mr Lindsay.

The only negative aspect was in the arena of GP liaison, with only one pharmacist successful in persuading the local GP to refer suitable patients to the pharmacy for the programme.

Adapt in order to survive

Pharmacists must adapt to survive, advised Alison Strath, community pharmacist and Lothian's Scottish Centre for Postgraduate Pharmacy Education tutor.

Pharmacy must move from being service- to patient-orientated. "The buck does not stop at the licking and counting processes. It's our job as the experts in drugs to ensure that patients get the optimum benefit [from their medication] with the minimum of side-effects."

The backbone of this lies in good counselling skills and tailoring the information given to the needs of the patient.

"We must make sure patients understand and comply with medication and we must also make it obvious to the public that this is a professional service we are offering."

However, there were problems which make it difficult for pharmacists to look at the "whole patient picture", such as not knowing the full patient history or OTC purchases already made.

The public perception of OTC medicines being 'safe' was another problem that needed educational input, particularly with the added complication of advertising causing patients to purchase inappropriate medication. But the introduction of protocols should ensure that the public is made aware that there is "something unique in buying medicines".

Ms Strath believed the protocols were a way of protecting P-medicines. "If we do not go down that path, then patients will be able to buy their nicotine patches in Oddbins," she warned.

"We only have one chance to make a good impression: in the front of the shop. Pharmacists must become more accessible and stop hiding away. Each pharmacy acts as its own PR unit," she said.

Pharmacy tutor Alison Strath

• Counselling guidelines are being developed by a Scottish steering group, along with a complementary audit package on counselling.

The perils of negligence

With pharmacists' increasing responsibility comes increased accountability, said David Bolton, conference chairman and chairman of the Scottish Executive, after a talk by Linlithgow GP Dr David Cochran.

Dr Cochran outlined the increasing number of cases concerned with medical, at the moment mainly doctors', negligence. But this may change. Just as a doctor is liable for negligence in prescribing a gastric cancer sufferer cimetidine to treat the symptoms of dyspepsia, pharmacists would also be liable if that patient made repeat OTC purchases as "there is a specific time limit for how much cimetidine patients should receive", said Dr Cochran.

Among GPs there has been a dramatic increase in the number of medical negligence claims in the UK since 1975:

• claims are now increasing at a rate of 10 per cent each year
• the Medical Defence Union has a projected claims liability of £146 million outstanding
• in 1987 one individual claim was worth more than the total claims settled in 1975
• an American study revealed that one in ten hospital admissions are the result of medical negligence, as are one in five hospital deaths.

Despite the increase in the number of claims, 61 per cent of actions are abandoned by patients, 34 per cent are settled out of court, 4 per cent are found in favour of the doctor and only 1 per cent in favour of the patient.

Increasing pharmacy responsibility and raising pharmacy profile may see a rise in pharmacy-related negligence claims, and it was suggested by a member of the audience that pharmacy registration might prevent litigation. "It's an interesting concept, but I don't know how you would enforce it," admitted Dr Cochran.

Linlithgow GP Dr David Cochran

Easing the pain of audit

Deirdre Tunney talks to Adrienne de Mont about the approach she is taking to audit in Northern Ireland

Deirdre Tunney wants to help pharmacists run their businesses more efficiently.

Older, more jaded members of her profession might look at this fresh-faced 25-year-old and think: "What does she know about it? She's only just out of college."

But Deirdre stresses that she isn't there to tell them what to do or to make judgments.

"I'm helping them to collect facts so that they can make their own decisions," she says. "I'm not putting myself up as someone who knows all there is to know."

Deirdre was appointed in July as the audit facilitator for the Pharmaceutical Society of Northern Ireland. She has a year's contract to develop audit techniques and to motivate community pharmacists to take part.

Moving forward

The job appealed because she saw it as a chance to move a new concept forward.

"There are so many changes in pharmacy that sometimes it's difficult for pharmacists to keep up with them. Audit is quite a new concept and I felt that people needed support and reassurance to enable them to make progress," she explains.

She spent two months at a word processor, designing the first projects with the help of community pharmacists Terry Maguire and Terry Hannawin, the vice president of the Northern Ireland Society. She also received guidance from PSNI president Dr William Woodside.

By the middle of September, 115 pharmacists — about one-fifth of the total number of contractors in the Province — started to audit their dispensary efficiency by collecting information on prescription 'owings' and the time it takes them to dispense.

To make it easy, they are not expected to record every transaction. They fill in a form only if there are owings and if the prescription takes longer than ten minutes to dispense. They have to give reasons for the delay, stating whether it was because they were counselling another patient, making up an extemporaneous preparation or querying something with the prescriber — all of which are perfectly acceptable reasons for a less than lightning performance.

But what if the pharmacist hits a busy patch and the scripts pile up because he doesn't have enough staff and can't afford to employ any more?

"Hopefully the audit results will show where pharmacists could become more efficient. In this case, all they might need to do is re-organise their staff rather than employ any more," says Deirdre.

The target is for 95 per cent of prescriptions to be dispensed within 10 minutes of receipt and the audit form lists possible areas for pharmacists to consider if they fail to meet this target.

"But it's not for me to recommend what they should do," she says. "It's important that anyone carrying out an audit does it for their own benefit and I don't want them to think I'm checking up on them."

The 'owings' audit also has a target of 95 per cent of prescriptions issued in full. Again it is in the pharmacist's interest to reduce customer frustration and not to waste time by dispensing a second instalment for no fee.

Deirdre is to examine whether location has any bearing on the number of owings — if health centre pharmacies differ from those in remote areas, for example.

"Because I have recently been working in the community, I understand how much time is involved in the day-to-day running of a pharmacy. So I have tried to be as user-friendly as possible in designing the forms. I realise that pharmacists don't want to spend time collecting lots of information."

The first audit runs for four weeks and Deirdre would like to start the next one later this autumn, probably on the supervision of medicine sales and responding to symptoms.

After that, she hopes pharmacists will feel capable of organising their own audits, based on what they feel is important to them and seeking her advice where necessary. She is planning to hold educational workshops and set up small groups where people can discuss problems and exchange ideas. A newsletter is another possibility.

Deirdre Tunney registered with the Pharmaceutical Society of Northern Ireland in 1991 after graduating from the Queen's University of Belfast and spending a year with Boots. She worked as a relief pharmacist for Boots for a year and a half before managing a community pharmacy in Belfast. She became the Northern Ireland Society's audit facilitator last July. Her main hobby is singing and she has taken part in the NI Festival of Light Opera as a chorus member in 'Fiddler on the Roof'

Collaboration

She has been collaborating with the audit facilitators in England, Wales and Scotland who, she says, are all working along the same lines, but taking their own individual approaches.

She feels there is plenty of scope for a second year's work, but whether she will be able to continue depends on whether the Department of Health and Social Security comes up with the funds!

Most pharmacists she has contacted have been enthusiastic about audit, especially when someone else organises it for them! Some have been less receptive.

"Some are afraid that the Department will introduce an external audit, or that I'm passing the information on to someone else — which of course I'm not. Others just think they don't have time for it — they're not willing to discover that it doesn't take a lot of time, it isn't complicated and it can actually save them time by making them more efficient."

Self-starter

Deirdre came to the post with no previous experience of computers or audit and no secretarial help. But during her pre-registration year she did a diploma in accounting and finance. "I think this helped me to be what they call a 'self-starter' and to understand the principles of time management and motivation."

She motivates (or even audits?) herself by setting out a list of aims and objectives. She hopes to motivate others by helping them to discover the benefits they can achieve.

"Hopefully they will see the tangible effects of an improved service and appreciate the need to constantly monitor their own performance, so that audit becomes an intrinsic part of their day-to-day life.

"I'm just helping them to get going," she concludes.

N Ireland puts the spotlight on counselling

Thirty-six pharmacies based in Northern Ireland are participating in trials in order to evaluate counselling in community pharmacy.

An initial two-month trial, the first cycle of which has just been completed, tracked the counselling offered and remembered by all patients receiving prescriptions for amoxycillin from 15 pharmacies.

Queens University, Belfast, which, with the Pharmacy Practice Research Group, is co-ordinating the trial, notes a reasonably positive response from the trials, but is reserving final comment until more conclusive results are obtained from the second cycle, due to finish at the end of this year.

An additional 21 pharmacies are also taking part in a similar exercise covering advice to elderly patients.

GPs against policing FP10s

GPs are to boycott any proposals that they should police exemption claims on FP10s. The General Medical Services Committee will tell the Minister for Health Gerald Malone of the decison later this month.

This move, says PSNC assistant secretary Mike King helps strengthen pharmacy's case, although he pointed out that pharmacy would be against the policy irrespective of the GPs' stance. One suggestion which has been forwarded by PSNC is for the DoH to issue ID cards to those who are exempt, although this is known to have cost implications.

BPSA takes stand on closed book

The British Pharmaceutical Students Association is to poll opinions of this year's closed book exam with a view to taking a stand against its present format.

The move follows the outcry earlier this year (*C&D*, July 30, p157) after candidates sat what they thought was "the most unfair [exam] ever".

The views of pre-registration and first year qualified pharmacists will be sought via a reply slip in the winter term edition of *Graduate Links*. It is hoped that views will be returned in time for the BPSA to consider them for its branch representatives' motion.

NPA joins with FHSA to produce treatment guide

The National Pharmaceutical Association is to work jointly with Barking and Havering FHSA to produce a new booklet on self-treatment of common childhood ailments, which will be distributed through pharmacies and GP surgeries.

The booklet, which will be accredited to the NPA, will be written by both the Association's information and PR departments, with design and production costs being met by the FHSA. The NPA plans to print enough run-on copies for all members' use and these will be available from the NPA press office in due course.

Self-medication in the future: The board was interested to hear of two firm commitments from the industry highlighted at a joint symposium by the Pharmaceutical Group of the European Union (PGEU) and the European Medicines Manufacturers' Association (AESGP) held in Brussels on October 12, 1994.

Firstly, the industry has absolutely no intention of widening the distribution of medicines. It was clearly recognised that the pharmacist had a critical role to play in relation to products newly-released from prescription-only control, but that appropriate protocols had to be established, as well.

Secondly, the AESGP firmly indicated that it had no future plans to put in place any form of mail order scheme for selling non-prescription medicines.

Cornwall medical services — appeal update: The NPA has reaffirmed its decision to offer financial support for Cornish pharmacists in their continuing fight against an ostomy appliance contractor at Treliske Hospital. The NPA is backing a fresh appeal on behalf of members despite recent success at a judicial review when the High Court quashed the original Appeal Unit decision.

Back in January, the NPA board agreed to support an application by Cornish pharmacists for judicial review of the decision by the Cornwall & Isles of Scilly FHSA, upheld by the FHS Appeal Unit, to grant a new appliance contract at Treliske Hospital.

The grounds for review had been that the Appeal Unit had, nonsensically in the NPA's opinion, held that the whole of Cornwall and the Isles of Scilly constituted just a single neighbourhood.

The Appeal Unit subsequently agreed to the court quashing its decision. But, pending a new decision, the contractor has continued to market his stoma services. In an effort to stop him, the board decided to appeal to the judge to grant a stay of the original decision.

NPA to beef up branch network: The NPA is to strengthen branch activities throughout its 18 regions. Such action could provide an excellent opportunity to reach out to all members within each branch. Branch secretaries are to be given a new job description and encouraged to be more responsive, acting as local spokesmen.

PPA market testing: The NPA is writing to the DoH to seek assurance that when the Prescription Pricing Authority is privatised, rigid controls will be enforced to ensure information is not sold or used by the organisation which takes over the Authority.

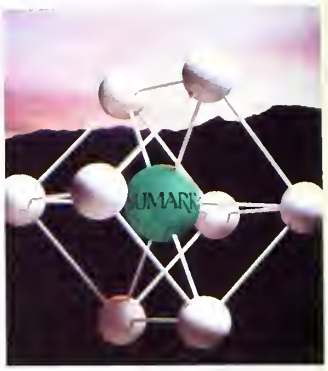
The NPA board understands that among the interested parties tendering to provide prescription pricing services were pharmaceutical, data processing and information technology companies. Control of data by any of these commercially interested parties could give rise to very significant distortions in the market.

- NPA board members have wholeheartedly supported a campaign to promote the Association at the NAHAT conference and exhibition to be held in June next year. The conference delegates will be members and officials from health authorities and trusts, including some purse-string holders.
- The NPA is actively seeking sponsors and will allow appropriate credits to appear on the adverts for the NPA 'Ask Your Pharmacist' corporate advertising campaign.
- The NPA's patient medication record pack, launched in July in response to Boots' promotion of Medilink, has proved so successful that there is to be a reprint.
- Hilary Rowe, formerly executive director of the National Endometriosis Society, has joined the PR department as press officer, taking over from Alison Heard.
- Frustration over the packaging of medicines has raised its head again. The NPA cites the lack of differentiation between strengths on packs and, secondly, the need for manufacturers to name products on three faces of cartons mutually at right angles. This enables products to be identified when stored on shelves or in drawers. NPA members are invited to let the office know about any packaging problems which they encounter so that they can be taken up with the manufacturers.
- Mary Allen, NPA head of professional services and information, has spoken at a recent meeting in Eastbourne on 'Care in the Community'. Also present at the meeting was Jennifer MacDonald from East Sussex Social Services who said that she was impressed by the range of valuable services available from community pharmacists.
- Following the success of the South West regional dinner held in Taunton on October 6, when speakers had been questioned into the early hours of the morning, the board agreed that similar meetings should be held in other parts of the country.
- The following branch secretaries have been appointed.

West Midlands:
Mr Robert Saunders, Saunders Pharmacy, 63a Broadstone Avenue, Leamore WS3 1ER.
Reigate, Redhill:
Mr S B Parikh, Kenley Pharmacy, 12 Godstone Road, Kenley, Surrey CR8 5JE.
Burnley:
Brian Cooper, 60 Abel Street, Burnley BB10 1QU.
The new chairman for the Burnley branch is Barry Pearson of Stazzord Ltd, 151 Accrington Road, Burnley BB11 5AL.

- Further to the NPA's one-day conference 'Drugs and the Law: Partners in Crime' (*C&D* October 29, p715), it was proposed that the NPA participate in and attend the Association of Chief Police Officers' (ACPO) National Drugs Conference to be held in Hinckley, Leicestershire, May 17-19, 1995.
- The NPA is to press the DoH to ensure that those responsible for running residential care and nursing homes and independent hospitals should seek pharmaceutical advice and that this recommendation be taken up by the Department and incorporated in future regulatory proposals.
- The board said that the NPA is concerned about a Code of Practice on the display and sale of analgesics which has been published by the trading standards department of Devon County Council. There are a number of factual inaccuracies in the documentation and the board felt that it would be most undesirable for such local codes to proliferate. The board's concerns are being passed on to the Office of Fair Trading.

Numark lays plans on the table with share offer for independents



Numark has unveiled its long-awaited plans to metamorphose into a retailer-owned organisation with the announcement of a share offer for independent community pharmacists.

There will be a minimum shareholding of 900 shares at £1 each in Numark Ltd, an industrial and provident society. Pharmacists will also have to pay a £480 annual membership fee.

"An offer of this nature is not likely to occur again," says Numark managing director Terry Norris. "The offer's construction reserves shareholding rights exclusively for independent community pharmacists so that only they will have the power to change their society."

All UK independents will be given the chance to buy shares in the new entity, Numark Ltd (Mr Norris classifies independents by ownership rather than by the number of outlets in a chain). If there is enough support, then this society will buy the assets of Numark Management Ltd.

In return, shareholders will receive a range of benefits, including rebates on goods ordered and favourable bank charges, as well as a chance to run their own voluntary trading organisation (see box below).

To receive these and other benefits, both retailers and approved wholesalers will have to fulfil a set of contractual obligations. Failure to meet these could ultimately lead to expulsion from the new Numark.

A series of nationwide roadshows, starting on November 7, has been planned to inform retailers of Numark's aims. A total of 9,000 pharmacists will also receive a four-page mailing, with an invitation to buy shares.

To accompany Numark's reorganisation, the VTO has announced a series of personnel changes, the most radical of which is the appointment of an ex-grocer as chairman — John Irish CBE (see box below).

Until enough independents come forward to buy shares, Numark Ltd exists in tandem with Numark Management Ltd.

If 800 outlets respond to raise £550,000 of share capital, then Numark Ltd will buy the share capital, trade and assets of Numark Management Ltd at net asset value, ie without a premium for goodwill. The assets include the Tamworth central office, the trademark and right to use the name Numark, all other trade marks registered by Numark Management Ltd, and Numark own-label stock.

Although the 800 target is the official one, the new Numark would still be viable with as few as 750, says Mr Norris. He would use that as a platform for persuading more pharmacists to join up. The deadline for share applications has been set for December 10 at 3pm, but that may be extended, theoretically to March 31, 1995, he says.

If a pharmacist has a single outlet, then the minimum shareholding will be 900 shares at £1. This minimum holding increases depending on the number of outlets the pharmacist owns, to a maximum investment of 19,200 shares.

"We thought that an investment of less than £1,000 was in the grasp of most people," says Mr Norris. "We think a mix of 800 pharmacists and raising £550,000 of share capital is very modest and very realistic."

There is an important distinction between the number of shares held and voting rights, says Mr Norris. Each member has one voting right, regardless of how many outlets or shares held.

This one-off investment is accompanied by an annual membership fee of not more than £480 this year, which decreases if more than the target 800 outlets are represented.

But Mr Norris agrees that the fee may have to be increased in the future to pay for more services. "We reserve the right to go back to the shareholders."

After much deliberation, Numark chose to go down the industrial and provident society route, the same structure as Unichem had before it went public. But Mr Norris is anxious not to draw parallels with Unichem. Numark has no plans to be quoted as a publicly listed company, he says.

An industrial and provident society was chosen as it allowed easy entry, ie other shareholders do not have to approve new shareholders. There is also easy withdrawal of shares, shares cannot be transferred, and shareholders are restricted to a defined membership profile, in other words, independent community pharmacists.

The wholesale members of Numark Management Ltd will be kept on as approved distributors to Numark Ltd for three years, initially. If retailers are dissatisfied with the service after that, they can apply to the board for a change of approved wholesaler in their region. Retailers will have no obligation to buy a certain proportion of goods through an approved wholesaler. They can even choose a multiple wholsaler to be their main-line supplier.

At the time *C&D* went to press, Numark had not appointed an approved wholesaler for parts of Cumbria and Lincolnshire, but was shortly expected to do so.

Graham Tatford will extend its services to Devon, Cornwall, Avon and Somerset.

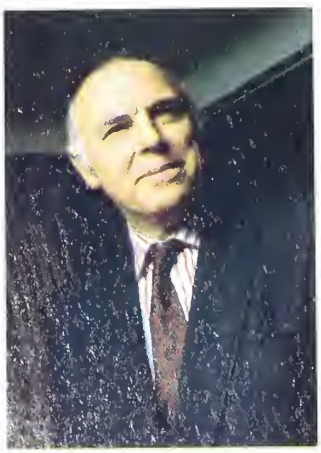
Numark will operate as an industrial and provident society in the UK only. The Republic of Ireland service, through United Drug, will continue as normal.

The new board

Numark Ltd's board will have a majority of independent community pharmacists as directors. Initially, of the 14, ten will be pharmacists.

John Irish CBE is the new chairman and non-executive director. He was formerly chairman and managing director of another voluntary trading organisation, Spar UK. He was also vice president of the British Retail Consortium.

"We wanted a person who wanted to demonstrate success in independent retail business," says Numark's Terry Norris. "We also wanted someone with wide business and commercial experience with an understanding of wholesaling, retailing and the operation of a central office. John was a huge capture for the company."



John Irish CBE joins the Numark fold as chairman and non-executive director from another VTO background — Spar UK

The other directors are current members of Numark's Retail Advisory Board and directors who previously served Numark Management Ltd.

Of these directors, Peter Marshall, chairman of the RAB, becomes general director and deputy chairman. He is accompanied by two wholesale directors, the current chairman, Sandy Young, and managing director of Sangers (Northern Ireland), Stephen Simms.

Terry Norris is managing director, David Wood is marketing director and Bernard Miller finance director and company secretary.

Other directors are Anthony Barber, Michael Moore, David Richardson, Richard Rowlands, Uday Thakrar, Mike Wood and Peter Wright.

Membership details

Shareholder members will receive benefits including:

Own-brand rebate. A retrospective 5 per cent rebate of the the trade value payable every quarter through distributors.

OTC rebate. Again retrospective. Details still under negotiation. Deliveries of OTCs will be at least weekly.

Generics. A generics programme with a number of suppliers has yet to be finalised.

Interest payment. Rather than paying a dividend, Numark will pay interest on the investment.

Display allowances. In return for the window display of four OTC products a month and a commitment to purchase one case of each of those products. These allowances will be funded from money generated from manufacturers. Members will also have to display the approved POS material.

New areas for negotiation. The Numark team hopes to negotiate distribution agreements with cosmetics and fragrance suppliers.

Local database marketing facility. To allow retailers to target existing and potential business opportunities down to areas designated by postcode.

Favourable banking terms. Negotiated with the Midlands Bank, initially in England and Wales, but likely to be extended to Scotland.

Sales data. Members can generate income by selling their sales data through Intercontinental Medical Statistics to OTC and ethical manufacturers.

Shopfitting. Special terms have been negotiated with Beanstalk.

EPoS. Numark is developing its own system, which is currently on trial in a limited number of outlets.

Courses. Numark will run weekend residential business courses for a fee.

Pensions. A contributory pension scheme for assistants is under negotiation.

Any existing Numark retail members, who do not want to become shareholders, will still enjoy the same conditions as before, but will have their annual membership fee increased from £150 to £250. Mr Norris hopes the two systems — existing retail members and new shareholders — can live side by side for a "number of years". But new members will only be admitted as shareholders.

Pharmacists can no longer join Numark on a trial basis, but can withdraw their investment. Similarly, wholesalers can refuse to supply particular pharmacists.

Three years and £20 million later, Boots has officially re-opened D10 — one of the largest Grade 1 listed industrial buildings in the country — with the help of Chancellor Kenneth Clarke. The reinforced concrete and glass structure now houses the HQ for Boots Contract Manufacturing, including laboratories, manufacturing and packaging operations. It boasts a floor space equivalent to 14 football pitches and has been used continuously since it was built in 1933

SB 'partnership' initiative

Smithkline Beecham has launched a partnership initiative intended to help healthcare professionals meet the changing demands of the new NHS.

Healthy Alliance — 'partnership beyond prescription' — offers the following services:

- **Complete Care Packages** which will provide support services to underpin SB's medicines
- **A Training Foundation** which will facilitate and provide non-clinical training courses for healthcare professionals. Regional bursaries will fund particular training at a local level
- **Forums for Debate** will be a series of therapy-based, high-level discussions of current issues in healthcare
- ***Healthy Alliance Journal***, a quarterly publication, written by opinion leaders and endorsed by an independent editorial board, will look at ideas and practical issues related to the changing healthcare environment.

Hadley Hutt's Ob-serve

Control and distribution of Hadley Hutt Computing's Ob-serve pharmacy book-keeping software is transfering back to Ob-serve Computing.

Ob-serve's chief, Rob Chapman, is thought to have bought the rights personally.

The package was developed by Ob-serve Computing, but rights were sold to Hadley Hutt. Mr Chapman was then hired by the company as a consultant.

Hadley Hutt will now concentrate on its own EPoS systems and on servicing users of Ob-link — software that links Ob-serve with the EPoS system POSHH-Checkout.

From November 7, all queries regarding Ob-serve should be made on 01162 773747.

Medeva wins case

Medeva has won a Court of Appeal case that rules Biogen's UK patent for a hepatitis B vaccine invalid. Medeva hopes to file its vaccine for UK registration in 1996.

Astra US deal

Astra has paid $820 million to Merck for half of a joint marketing venture. The resultant company — Astra Merck — will market Astra's drugs in the US.

OFT data inquiry

The Office of Fair Trading has closed its inquiry into IRI Infoscan acquiring sales data from Boots and Superdrug because of "the advantage to users" of the arrangement.

Bank note video

A video explaining what retailers should do if they spot a counterfeit bank note is available from the Bank of England for £2.50. More details from the Issue Office on 071 601 3496. For a leaflet covering similar ground, ring 071 601 4878.

Coming Events

BPSA area conferences

The British Pharmaceutical Students' Association will be holding four area conferences in November.

The first is in Aberdeen on November 11-13 and will look at the career pathways available to students in the different pharmacy sectors.

The School of Pharmacy, London, is holding a conference on psychiatric pharmacy on November 12; the University of Nottingham is discussing HIV and AIDS on November 19; and Aston University, Birmingham, is looking at cancer on November 25-27.

Further details from Fiona Madden, BPSA secretary general, on 051 3344000 ext 4605, room 71.

Monday, November 7

E Metropolitan Branch, RPSGB, at Wanstead Library, London E11, 7.30 for 8pm (buffet). 'Stoma care'.

Aberdeen and N E Scottish Branch, RPSGB, at BBC Club, Beechgrove Terrace, 7.30 for 8pm. 'Work of the RNLI' by Jim Ferguson.

Tuesday, November 8

S Staffordshire Branch, RPSGB, at the Post Graduate Medical Centre, Weston Road, Stafford, 7.30 for 8pm (buffet). 'Migraine, current advances'.

Leicestershire Branch, RPSGB, at the Post Graduate Medical Centre, Leicester Royal Infirmary, 7.30 for 8pm. 'Post Grad 3: OTC sales of imidazoles' by Kuljit Claire.

Wednesday, November 9

Glasgow and West of Scotland Branch, RPSGB, with **Scottish Dept, RPSGB,** at the McCance Building, University of Strathclyde, 7.30 for 8pm. The MacMorran Lecture: 'Surgery without Pain — Benefits and Tribulations' by Professor A Cushieri.

Paddy Linaker took over as Fisons' non-executive chairman on November 1. He was previously deputy chairman and group managing director of M&G Group. Patrick Egan has now retired from his post as chairman and has handed over his responsibilities to the new chief executive, Stuart Wallis (*C&D* July 16, p98)

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TRADE LESS 30%+VAT+POSTAGE - 106 Aldactide 25, 3x150 Dihydrocodeine elixir, 158 Naprosyn EC250mg, 100 heavy Magnesium carbonate caps 500mg. Tel: 081-904 4197.

TRADE LESS 25%+VAT - Cyproterone 50mg tabs, 84 tabs, Didronel 200mg tabs, 92 tabs. Tel: 081-660 1970.

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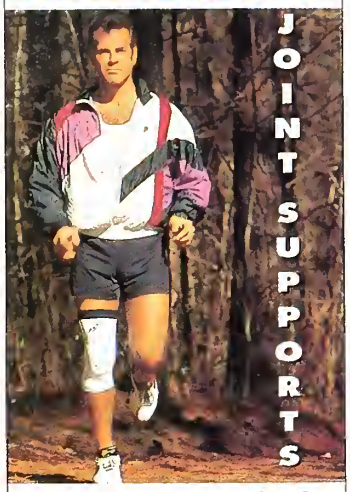

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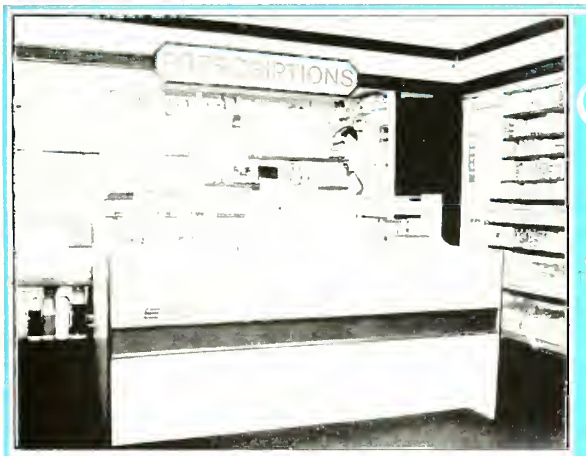

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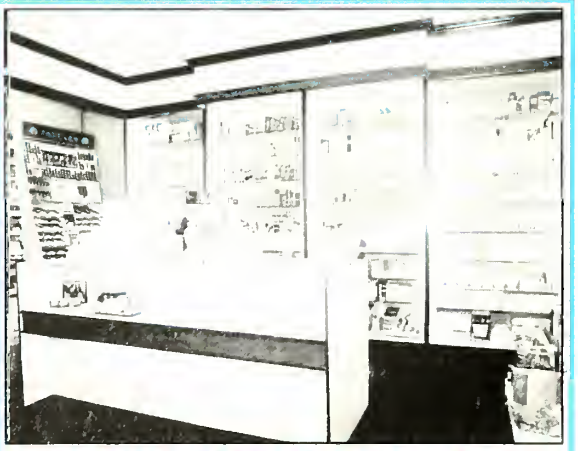

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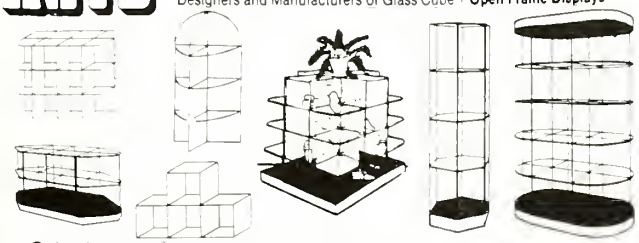

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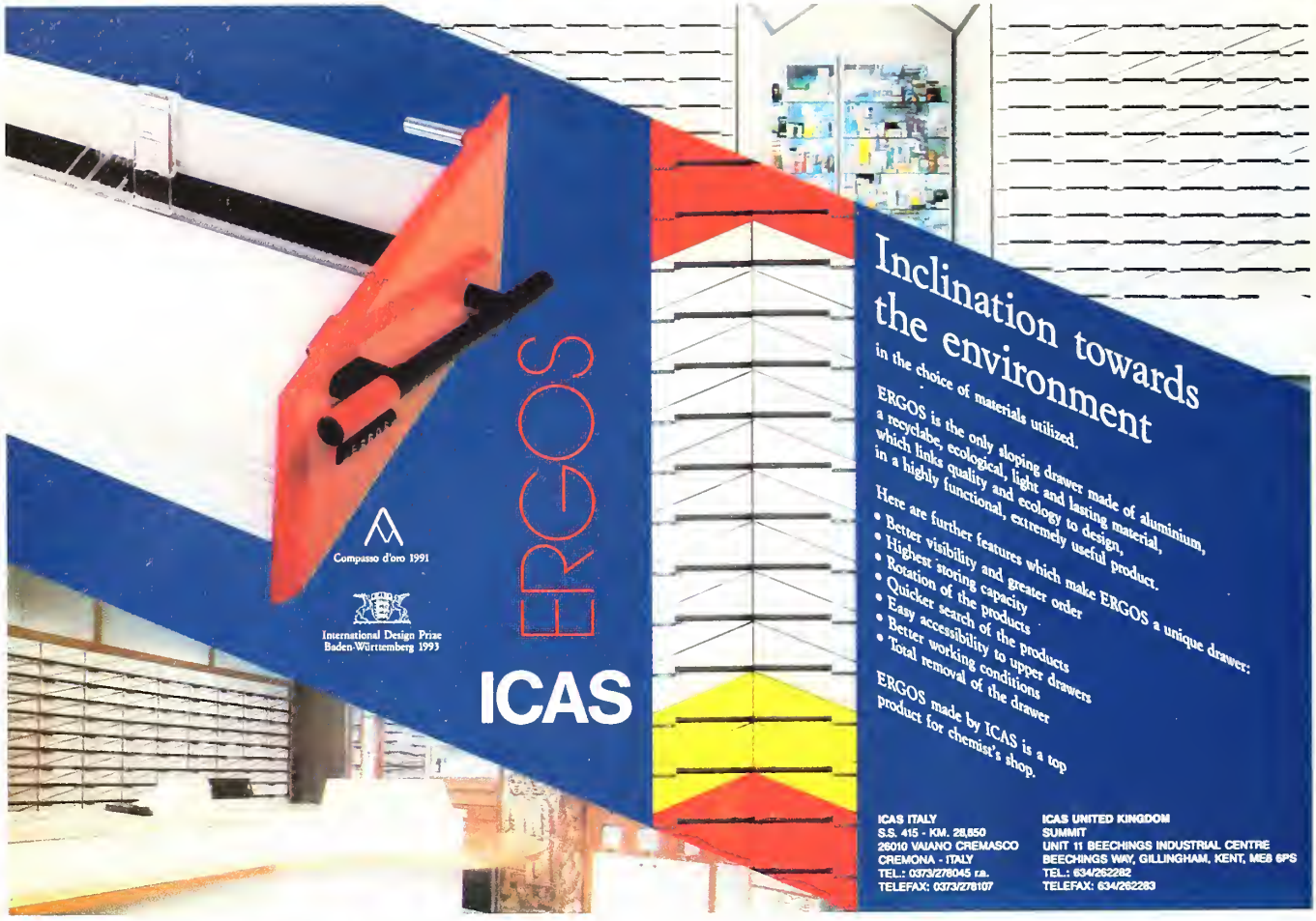

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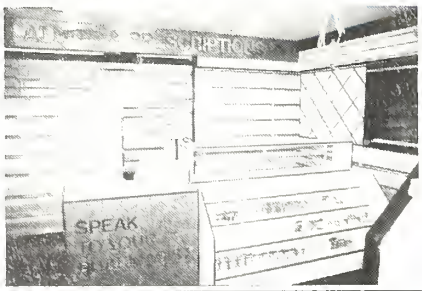

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About people

Carnival capers bring in the prizes

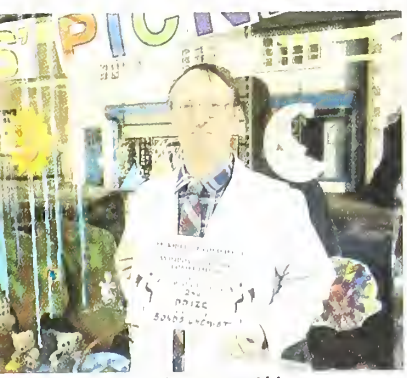
Staff at a Somerset pharmacy joined in the fun of the carnival and produced a winning window display, as well as their very own carnival queen.

Pharmacist Roger Alden and his staff at Bonds Chemist, Castle Cary, won second prize in the carnival window display competition, taking the theme of a teddy bear's picnic.

The Carnival Fund also benefited from their efforts, as 50 pence went to the charity for every bear sold.

However, the star of the day was pharmacy assistant Gabriell Jo Purnell, who was voted in as this year's carnival queen, heading the procession of floats.

Mr Alden and his staff take part in the carnival every year, but this is the first year they have been lucky. They hope to do just as well next year.



Pharmacist Roger Alden

Gabriell Jo Purnell (centre) with her two 'assistants'

Twenty of the first 40 Dorset pharmacists to be accredited by the Dorset health commission are seen here receiving their certificates from (front row, left to right) Dorset health commission chief executive Ian Carruthers, DHC chairman Wilma Mulliner, South & West regional health authority chairman Rennie Fritchie, DHC deputy chairman major general Sir Richard Keightley and (second left, row two) DHC development manager Pauline Topham. The accreditation scheme comprises four compulsory modules setting minimum educational standards for staff (pharmacists, dispensing and counter assistants)

Professor Alexander Florence, dean of The School of Pharmacy, London, met the Queen last week at Buckingham Palace, where he was presented with the medal of the Commander of the British Empire for his services to pharmacy. His family and some of his colleagues and students from the pharmacy department were out in force to support him on the day. Pictured (left to right): Dejana Dimitrijevic; Barbara Grant; Dr Ijeoma Uchegbu; Paul Newham; Professor Florence's daughter, Gillian; Professor Florence; his wife, Elizabeth; Nasir Hussain; Fausto Cociancich; and Dr Anya Hillery

CPP exam successes

Three pharmacists have successfully completed the membership examination for the College of Pharmacy Practice.

They were Anita Hunjan (hospital pharmacist), Glasgow; Fiona Murphy (community pharmacist), Hamilton, Scotland; and John Quinn (hospital pharmacist), London.

Another 11 candidates have passed the college's Assessment E examination.

The community pharmacists who were successful were: Andrew Evans, Newport, Gwent; Brian Hopkins, Flitwick, Bedfordshire; Hilary Kijak, Solihull; Susan Lunec, Solihull; Fiona Murphy, Hamilton, Scotland; and Jasdeeppall Sandhu, Grays, Essex.

The successful hospital pharmacists were: Alison Archer, Bristol; Heather Bartel, Chorley, Lancashire; Esther Harries, Cardiff; Helena Hodges, Bath; and Eleanor Mitchell, Wokingham, Berkshire.

The Oshwal Pharmacists raised a total of £5,663 for charity at its 14th annual ball, which was held at the Radisson Edwardian Hotel, Heathrow. Two hundred and thirty people attended and the money raised went to a number of charities, including the Benevolent Fund and Pharmaid. Ann Lewis, the president of the Royal Pharmaceutical Society, is seen picking out the lucky numbers from the raffle with onlookers (left to right) Neeta Shah, locum pharmacist and charity committee member; Dilip Maroo, of Dils Chemist, Whetstone, secretary for the Oshwal Pharmacists; and Harish Haria of Haria Chemist, New Southgate, a charity committee member

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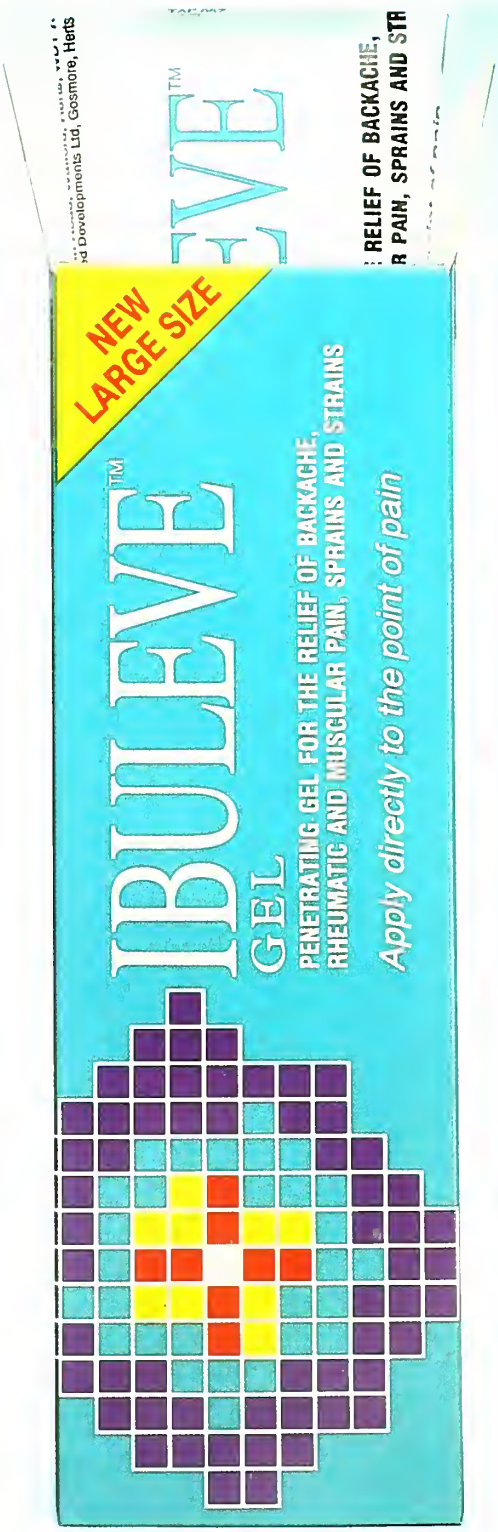

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